



ENVIRMARK, inc.

Environmental Consulting Services

20173-Huntington Avenue, Suite 100, Springfield, IL 62761

(630) 858-5559 Fax (630) 858-9630

EPA Region 5 Records Ctr



171366

October 24, 2001

Mr. Joe Dombrowski
Bureau of Land
Illinois Environmental Protection Agency
1021 N. Grand Avenue East, Box 19276
Springfield, Illinois 62794-9276

Re: Downers Grove Groundwater Investigation Site Information Request

Dear Mr. Dombrowski:

Enclosed please find the responses of C & C Machine Tool Service, Inc. to the above request for information. We have also enclosed copies of relevant documents used to answer the questionnaire and supplement the responses.

It should be noted that C & C Machine Tool Service, Inc. is a small quantity waste generator and leases the facility in which it conducts its business. They have leased the facility at 5024 Chase Avenue since September 1, 1996, and they have no knowledge of previous lessees or the business activity conducted by them in that facility prior to September 1, 1996.

We believe the information contained in the responses with attached documents is complete and accurate. However, if there are any questions or you need any additional information, please don't hesitate to contact the undersigned at (630) 858-5559 or contact Kathleen Chapas direct at (630) 810-0484.

Sincerely,

Keith Tice
President

Cc: Kathleen Chapas
C & C Machine Tool Service, Inc.

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OCT 29 2001
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C & C MACHINE TOOL SERVICE, INC.

5024 Chase Avenue, Downers Grove, Illinois 60515

October 24, 2001

Re: Response to Downers Grove Groundwater Investigation Questionnaire

1. Persons consulted in preparing answers to this information request

Kathleen Chapas	Richard Chapas
Angela Chapas	Mark Chapas

2. Documents consulted and examined in answering this request (Attachments)

Industrial Building Lease and Floor Plan
Material Safety Data Sheets
Waste Disposal Records (9/96 - 8/01)
Hazardous Waste Manifests (9/6/96 - 8/20/01)

3. Since we have been tenants of the facility from September 1, 1996 until the present, and the facility was built in 1972 as part of an office complex, any additional information requested in the Information Request beyond what we are able to provide, may be available from the owner, Ned Lopata, Chase-Belmont Properties, 5103 Chase Avenue, Downers Grove, Illinois 60515

4. Persons having knowledge or information about the generation, transportation, treatment, disposal, or other handling of hazardous substances at the facility

Kathleen Chapas	Richard Chapas
Angela Chapas	Mark Chapas
Chet Witt	Ed Fuka
Brian Chapas	Mike Ingram
Mark Ingram	Safety Kleen Systems, Inc., Dolton, IL

5. The nature of our activities and business at this facility - Our work activities are the electrical rebuild and reconditioning of housings and equipment for printing presses. In these activities, we use Sherwin Williams and Ketone paints and solvents to clean the parts and equipment and then paint them. The used paint, filters and solvents are stored after use in containers provided by Safety Kleen until they are picked up by Safety Kleen for disposal.

6. Dates of lease and operation

We have leased the space for our operations since September 1, 1996 until the present time. This facility is a part of an office complex. (A copy of the Lease Agreement and floor plan are attached)

7. Physical conditions at the facility

Our occupied space is 120 feet deep by 35 feet wide. Electrical and telephone service are provided by underground cables. Water is supplied by Downers Grove. Waste water and storm water are disposed of through the Downers Grove sewer system. There are no underground storage tanks or above-ground storage tanks on the subject property. As indicated previously, we are part of an office complex. (A copy of the floor plan is attached.)

10/26/01
JL

C & C Machine Tool Questionnaire Response (Cont'd)

October 24, 2001

Page 2

8. Location of all solid waste management units

The back part of our facility contains the following items that may use or supply the hazardous materials used in our facility: a 15'W x 3'D x 3.5'H storage cabinet, an 86.5"W x 70"D x 84"H paint spray booth, a 28" spray gun cleaner, and a 72"W x 30"D x 33.5"H preparation bench. We also have a cleaner 46 3/4"W x 22 1/2" D x 36" H. We have another storage cabinet 43.5" W x 18.5"D x 66"H. Our average inventory of hazardous materials is 12 each 12-oz. aerosol cans of primer, 1 gallon enamel, 1 gallon thinner, 1 gallon solvent and 3 gallons spray gun cleaner. There have been and are presently no other solid waste units in this facility during our lease tenure.

9. The present owner of the facility is Ned Lopata, Chase-Belmont Properties, 5103 Chase Avenue, Downers Grove, Illinois 60515. As far as we know, he has been the owner since the facility was built in 1972.

10. We do not know the names of previous lessors or operators of this same space.

11. No local, state or federal environmental permits have been granted for this facility for our business.

12. We have no reports, information, or data related to soil, water, or air quality and geology/hydrogeology at and about this facility

13. There is no evidence of any hazardous substance, contaminants, pollutants, or oil being disposed of on, at or adjacent to this facility.

14. We know of no leaks, spills or releases or threats of releases of any kind into the environment of any hazardous materials that have occurred or may occur at or from the facility.

15. This question not applicable to us based on our answer to Question 14.

16. No leaks, spills, or releases of hazardous materials have occurred at this facility during our tenure when such materials were being delivered by the vendor, stored, transported or transferred or treated to the best of our knowledge.

17. This question not applicable to us based on our answer to Question 16.

18. No soil has been excavated or removed from the facility during our tenure.

19. This facility during our tenure has not purchased or used chlorinated solvent/cleaner or other chlorinated materials.

20. The attachments contain records of disposal of solid waste from the facility from September 1, 1996 until the latest pickups.

C & C Machine Tool Questionnaire Response (Cont'd)

October 24, 2001

Page 3

The answers on the foregoing pages given to the Information Requests in regard to the Downers Grove Groundwater Investigation questionnaire are accurate and complete to the best of our knowledge.

October 24, 2001

Date

Kathleen F. Chapas

Name (Printed)



Signature

PRESIDENT

Title

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

INDUSTRIAL BUILDING LEASE

DATE OF LEASE	TERM OF LEASE		MONTHLY RENT
	BEGINNING	ENDING	
	9/1/96	8/31/1999	\$2,780.00
Location of Premises: 5024 Chase Avenue, Downers Grove, IL 60515 An Industrial Unit Containing 4,200 Sq. Ft.			
Purpose: Operating Lessee's Business.			

LESSEE

NAME . C & C MACHINE TOOL SERVICE, INC.
5024 Chase Avenue
ADDRESS . Downers Grove, IL 60515

LESSOR

NAME AND . CHASE-BELMONT PROPERTIES
BUSINESS . 5103 Chase Avenue
ADDRESS . Downers Grove, IL 60515

In consideration of the mutual covenants and agreements herein stated, Lessor hereby leases to Lessee and Lessee hereby leases from Lessor solely for the above purpose the premises designated above (the "Premises"), together with the appurtenances thereto, for the above Term.

RENT

1. Lessee shall pay Lessor or Lessor's agent as rent for the Premises the sum stated above, monthly in advance, until termination of this lease, at Lessor's address stated above or such other address as Lessor may designate in writing.

**CONDITION
AND UPKEEP
OF PREMISES**

2. Lessee has examined and knows the condition of the Premises and has received the same in good order and repair, and acknowledges that no representations as to the condition and repair thereof have been made by Lessor, or his agent, prior to or at the execution of this lease that are not herein expressed; Lessee will keep the Premises including all appurtenances, in good repair, replacing all broken glass with glass of the same size and quality as that broken, and will replace all damaged plumbing fixtures with others of equal quality, and will keep the Premises, including adjoining alleys, in a clean and healthful condition according to the applicable municipal ordinances and the direction of the proper public officers during the term of this lease at Lessee's expense, and will yield up the Premises to Lessor, in good condition and repair, loss by fire and ordinary wear excepted, and will deliver the keys therefor at the place of payment of said rent.

**LESSEE NOT
TO MISUSE;
SUBLET;
ASSIGNMENT**

3. Lessee will not allow the Premises to be used for any purpose that will increase the rate of insurance thereon, nor for any purpose other than that hereinbefore specified, and will not load floors with machinery or goods beyond the floor load rating prescribed by applicable municipal ordinances, and will not allow the Premises to be occupied in whole, or in part, by any other person, and will not sublet the same or any part thereof, nor assign this lease without in each case the written consent of the Lessor first had, and Lessee will not permit any transfer by operation of law of the interest in the Premises acquired through this lease, and will not permit the Premises to be used for any unlawful purpose, or for any purpose that will injure the reputation of the building or increase the fire hazard of the building, or disturb the tenants or the neighborhood, and will not permit the same to remain vacant or unoccupied for more than ten consecutive days; and will not allow any signs, cards or placards to be posted, or placed thereon, nor permit any alteration of or addition to any part of the Premises, except by written consent of Lessor; all alterations and additions to the Premises shall remain for the benefit of Lessor unless otherwise provided in the consent aforesaid.

**MECHANIC'S
LIEN**

4. Lessee will not permit any mechanic's lien or liens to be placed upon the Premises or any building or improvement thereon during the term hereof, and in case of the filing of such lien Lessee will promptly pay same. If default in payment thereof shall continue for thirty (30) days after written notice thereof from Lessor to the Lessee, the Lessor shall have the right and privilege at Lessor's option of paying the same or any portion thereof without inquiry as to the validity thereof, and any amounts so paid, including expenses and interest, shall be so much additional indebtedness hereunder due from Lessee to Lessor and shall be repaid to Lessor immediately on rendition of bill therefor.

**INDEMNITY
FOR
ACCIDENTS**

5. Lessee covenants and agrees that he will protect and save and keep the Lessor forever harmless and indemnified against and from any penalty or damages or charges imposed for any violation of any laws or ordinances, whether occasioned by the neglect of Lessee or those holding under Lessee, and that Lessee will at all times protect, indemnify and save and keep harmless the Lessor against and from any and all loss, cost, damage or expense, arising out of or from any accident or other occurrence on or about the Premises, causing injury to any person or property whomsoever or whatsoever and will protect, indemnify and save and keep harmless the Lessor against and from any and all claims and against and from any and all loss, cost, damage or expense arising out of any failure of Lessee in any respect to comply with and perform all the requirements and provisions hereof.

**NON-
LIABILITY
LESSOR**

6. Except as provided by Illinois statute, Lessor shall not be liable for any damage occasioned by failure to keep the Premises in repair, nor for any damage done or occasioned by or from plumbing, gas, water, sprinkler, steam or other pipes or sewerage or the bursting, leaking or running of any pipes, tank or plumbing fixtures, in, above, upon or about Premises or any building or improvement thereon nor for any damage occasioned by water, snow or ice being upon or coming through the roof, skylights, trap door or otherwise, nor for any damages arising from acts or neglect of any owners or occupants of adjacent or contiguous property.

**WATER,
GAS AND
ELECTRIC
CHARGES**

7. Lessee will pay, in addition to the rent above specified, all water rents, gas and electric light and power bills taxed, levied or charged on the Premises, for and during the time for which this lease is granted, and in case said water rents and bills for gas, electric light and power shall not be paid when due, Lessor shall have the right to pay the same, which amounts so paid, together with any sums paid by Lessor to keep the Premises in a clean and healthy condition, as above specified, are declared to be so much additional rent and payable with the installment of rent next due thereafter.

**KEEP
PREMISES
IN REPAIR**

8. Lessor shall not be obliged to incur any expense for repairing any improvements upon said demised premises or connected therewith, and the Lessee at his own expense will keep all improvements in good repair (injury by fire, or other causes beyond Lessee's control excepted) as well as in a good tenable and wholesome condition, and will comply with all local or general regulations, laws and ordinances applicable thereto, as well as lawful requirements of all competent authorities in that behalf. Lessee will, as far as possible, keep said improvements from deterioration due to ordinary wear and from falling temporarily out of repair. If Lessee does not make repairs as required hereunder promptly and adequately, Lessor may but need not make such repairs and pay the costs thereof, and such costs shall be so much additional rent immediately due from and payable by Lessee to Lessor.

**ACCESS TO
PREMISES**

9. Lessee will allow Lessor free access to the Premises for the purpose of examining or exhibiting the same, or to make any needful repairs, or alterations thereof which Lessor may see fit to make and will allow to have placed upon the Premises at all times notice of "For Sale" and "To Rent", and will not interfere with the same.

**ABANDON-
MENT AND
RELETTING**

10. If Lessee shall abandon or vacate the Premises, or if Lessee's right to occupy the Premises be terminated by Lessor by reason of Lessee's breach of any of the covenants herein, the same may be re-let by Lessor for such rent and upon such terms as Lessor may deem fit, subject to Illinois statute; and if a sufficient sum shall not thus be realized monthly, after paying the expenses of such re-letting and collecting to satisfy the rent hereby reserved, Lessee agrees to satisfy and pay all deficiency monthly during the remaining period of this lease.

**HOLDING
OVER**

11. Lessee will, at the termination of this lease by lapse of time or otherwise, yield up immediate possession to Lessor, and failing so to do, will pay as liquidated damages, for the whole time such possession is withheld, the sum of ONE HUNDRED EIGHTY Dollars (\$ 180.00) per day; but the provisions of this clause shall not be held as a waiver by Lessor of any right of re-entry as hereinafter set forth; nor shall the receipt of said rent or any part thereof, or any other act in apparent affirmation of tenancy, operate as a waiver of the right to forfeit this lease and the term hereby granted for the period still unexpired, for a breach of any of the covenants herein.

**EXTRA
FIRE
HAZARD**

12. There shall not be allowed, kept, or used on the Premises any inflammable or explosive liquids or materials save such as may be necessary for use in the business of the Lessee, and in such case, any such substances shall be delivered and stored in amount, and used, in accordance with the rules of the applicable Board of Underwriters and statutes and ordinances now or hereafter in force.

**DEFAULT
BY
LESSEE**

13. If default be made in the payment of the above rent, or any part thereof, or in any of the covenants herein contained to be kept by the Lessee, Lessor may at any time thereafter at his election declare said term ended and reenter the Premises or any part thereof, with or (to the extent permitted by law) without notice or process of law, and remove Lessee or any persons occupying the same, without prejudice to any remedies which might otherwise be used for arrears of rent, and Lessor shall have at all times the right to distrain for rent due, and shall have a valid and first lien upon all personal property which Lessee now owns, or may hereafter acquire or have an interest in, which is by law subject to such distraint, as security for payment of the rent herein reserved.

**NO RENT
DEDUCTION
OR SET OFF**

14. Lessee's covenant to pay rent is and shall be independent of each and every other covenant of this lease. Lessee agrees that any claim by Lessee against Lessor shall not be deducted from rent nor set off against any claim for rent in any action.

**RENT AFTER
NOTICE
OR SUIT**

15. It is further agreed, by the parties hereto, that after the service of notice, or the commencement of a suit or after final judgment for possession of the Premises, Lessor may receive and collect any rent due, and the payment of said rent shall not waive or affect said notice, said suit, or said judgment.

**PAYMENT OF
COSTS**

16. Lessee will pay and discharge all reasonable costs, attorney's fees and expenses that shall be made and incurred by Lessor in enforcing the covenants and agreements of this lease.

**RIGHTS
CUMULATIVE**

17. The rights and remedies of Lessor under this lease are cumulative. The exercise or use of any one or more thereof shall not bar Lessor from exercise or use of any other right or remedy provided herein or otherwise provided by law, nor shall exercise nor use of any right or remedy by Lessor waive any other right or remedy.

**FIRE AND
CASUALTY**

18. In case the Premises shall be rendered untenable during the term of this lease by fire or other casualty, Lessor at his option may terminate the lease or repair the Premises within 60 days thereafter. If Lessor elects to repair, this lease shall remain in effect provided such repairs are completed within said time. If Lessor shall not have repaired the Premises within said time, then at the end of such time the term hereby created shall terminate. If this lease is terminated by reason of fire or casualty as herein specified, rent shall be apportioned and paid to the day of such fire or other casualty.

SUBORDINATION

19. This lease is subordinate to all mortgages which may now or hereafter affect the Premises.

**PLURALS;
SUCCESSORS**

20. The words "Lessor" and "Lessee" wherever herein occurring and used shall be construed to mean "Lessors" and "Lessees" in case more than one person constitutes either party to this lease; and all the covenants and agreements contained shall be binding upon, and inure to, their respective successors, heirs, executors, administrators and assigns and may be exercised by his or their attorney or agent.

S. RABILITY

21. Wherever possible each provision of this lease shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this lease shall be prohibited by or invalid under applicable law, such provision shall be ineffective to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this lease.

22. Fire and Extended Coverage Insurance Rates.

If Lessee's use increases the premium for fire insurance or any other insurance according to the Illinois Inspection and Rating Bureau or any other rating organization, then and in that event the Lessee agrees to pay said additional premium to the Lessor immediately upon Lessor's submitting a bill to Lessee for such increase.

23. Liability Insurance.

Lessee shall at its sole cost and expense procure and maintain liability insurance in full force and effect during the term of the lease in form and in insurance companies licensed to do business in the State of Illinois. Such policies or policy shall provide insurance for all claims or damages arising out of or from any accident or other occurrence resulting in bodily injury, death, and damage to property, on or about the Premises, passageways and roads adjoining whether occasioned by neglect or omission of the Lessee or anyone at any level who perform work for the Lessee.

Certificates of insurance naming Lessor as additional insured evidencing that at least the following kinds and limits of liability insurance are in full force and effect and, if cancelled at a later date, ten (10) days' advance written notice shall be mailed to the Lessor.

<u>KIND</u>	<u>LIMITS OF LIABILITY</u>
Comprehensive General Liability	\$1,000,000.00
Bodily injury including death therefrom	\$ 300,000.00 each person \$1,000,000.00 each occurrence
Property Damage	\$ 300,000.00 each accident \$ 300,000.00 in the aggregate for all accidents

Notwithstanding anything herein contained to the contrary, it is specifically understood and agreed that the Lessee hereby releases Lessor and Lessor hereby releases Lessee from any claims which either party may have against the other, to the extent of recovery of insurance proceeds for any loss, damage or injury, irrespective of the degree of negligence on the part of either the Lessee or Lessor.

24. Real Estate Tax. In addition to monthly rental, Lessee agrees to pay their prorated share of any increase (if any) in the real estate tax bill levied in excess of \$0.69 per square foot, based on the entire area of the building in which the leased premises are located. Lessor's said pro-rata share shall be based upon the ratios that the square footage of the leased premises bears to the entire building in which the leased premises are located. The Lessee's liability shall also apply to extensions of the original lease term, if any, and sums due, if any, shall be paid to the Lessor within 15 days after receipt by Lessee of copies of tax bills evidencing such increases.

25. Maintenance by Lessor. During the term of this lease and any extension thereof, Lessor covenants and agrees to cause the Premises to be adequately equipped with facilities for hot and cold water, gas and lighting. Further, Lessor covenants to:

- (a) Maintain the landscaping and do snow removal;
- (b) Repair or cure all defects which shall appear, during the term of the lease and any extension thereof in the construction of the building or in the heating, air conditioning, plumbing, drainage, and electrical systems, contained in and on the Premises, except normal settlement cracks;
- (c) During the term of this lease, make all necessary repairs or replacements to the roof, supporting members and exterior walls of the building; and

provided, however, in each case, that Lessee, upon Lessee's actual discovery of any such defect, promptly and diligently shall have given Lessor written notice thereof.

26. Quiet Enjoyment. Lessor represents that it has the full right, power and authority to enter into this lease for the term herein granted and that, it will deliver possession of the Premises free and clear of all rights of others. Lessor further covenants that, upon paying the rent provided for herein, and upon performing the covenants and agreements of this lease to be performed by Lessee, Lessee will have, hold, and enjoy quiet and peaceful enjoyment and possession of said Premises, and that Lessor shall warrant and defend Lessee in the peaceful and quiet enjoyment of said demised Premises against the claims of all persons throughout the term of this lease and any extension thereof, except claims of third parties claiming by, through or under this lease, or arising through or by reason of acts or conduct of the Lessee.

27. Waiver of Subrogation. Each of the parties hereby waives any and all rights of recovery against the other or against any other tenant or occupant of the building, or against the officers, employees, agents, representatives, customers and business visitors of such other party or of such other tenant or occupant of the building, for loss of or damage to such waiving party or its property or the property of others under its control, arising from any cause insured against under the standard form of fire insurance policy with all permissible extension endorsements covering additional perils or under any other policy of insurance carried by such waiving party in lieu of such fire policy.

28. Parking Area. Lessee agrees to conform with any reasonable rules and regulations Lessor may establish from time to time in connection with parking area and drive-ways.

29. Decorating. Lessee at its own expense will do any additional interior decorating Lessee deems necessary.

30. Janitorial Service and Garbage Removal. Lessee at its own expense shall provide its own janitorial service and garbage removal.

31. Signs. Lessee at its own expense shall install signs in only places designated, and of material, size and shape approved by Lessor.

32. Notice. Notices or other writings which either party is required to, or may wish to send to the other in connection with this lease, shall be in writing and shall be delivered personally or sent by U.S. Registered or Certified Mail, return receipt required, addressed as follows:

(a) If to Lessor: Chase-Belmont Properties
5103 Chase Street
Downers Grove, IL 60515

(b) If to Lessee: C & C Machine Tool Service, Inc.
5024 Chase Street
Downers Grove, IL 60515

or to such other address as either party may from time to time designate in a written notice to the other. A notice served by mail shall be deemed to be served on the date when such notice is deposited in the United States mails.

33. Chair and floor pads. Lessee is required to place under every chair that has rollers or casters an appropriate chair and floor mat thereby protecting the carpet from the excessive wear caused by rollers or casters.

34. Security Deposit. The Lessee has deposited with the Lessor the sum of TWENTY TWO HUNDRED AND NO/100 (\$2,200.00) DOLLARS as security for the full and faithful performance by the Lessee of all the terms of this lease required to be performed by the Lessee. Such sum shall be returned to the Lessee after the expiration of this lease, provided the Lessee has fully and faithfully carried out all of its terms. In the event of a bona fide sale of the property of which the leased premises are a part, the Lessor shall have the right to transfer such security to the purchaser to be held under the terms of this lease, and the Lessor shall be released from all liability for the return of such security to the Lessee.

35. The offices at the premises shall be improved according to "Exhibit A" attached hereto.

AMENDMENT TO OFFICE BUILDING LEASE

AGREEMENT made this 15 day of July, 1998 between CHASE-BELMONT PROPERTIES, Lessor, and C & C MACHINE TOOL SERVICE, INC., Lessee, WITNESSETH:

WHEREAS, CHASE-BELMONT PROPERTIES is Lessor, and C & C MACHINE TOOL SERVICE, INC. is Lessee in a lease covering the premises situated at 5024 Chase Street, Downers Grove, Illinois.

WHEREAS, it is the desire of Lessee to acquire one additional unit at 5111 Chase St., Downers Grove, IL, an Industrial Unit containing 4,700 sq. ft. for an additional monthly rental of TWENTY SEVEN HUNDRED FIFTY (2,750.00) DOLLARS.

NOW, THEREFORE, it is agreed between the parties hereto as follows:

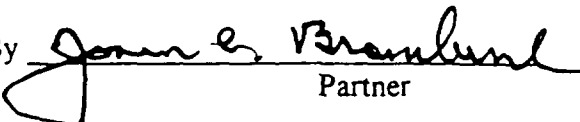
First: That the Lessee shall occupy the premises at 5111 Chase Street, Downers Grove, Illinois at an additional monthly rental of TWENTY SEVEN HUNDRED FIFTY AND NO/100 (\$2,750.00) DOLLARS commencing July 1, 1998 and ending August 31, 1999.

Second: That all of the other terms and conditions in the lease remain in full force and effect.

C & C MACHINE TOOL SERVICE, INC.



CHASE BELMONT PROPERTIES

By  Partner

AMENDMENT TO OFFICE BUILDING LEASE

AGREEMENT made this 1 day of November, 1999 between CHASE-BELMONT PROPERTIES, Lessor, and C & C MACHINE TOOL SERVICE, INC., Lessee, WITNESSETH:

WHEREAS, CHASE-BELMONT PROPERTIES is Lessor, and C & C MACHINE TOOL SERVICE, INC. is Lessee in a lease covering the premises situated at 5024 Chase Street, Downers Grove, Illinois.

WHEREAS, it is the desire of Lessee to extend the term of the lease until October 31, 2002 at a monthly rental of TWENTY FIVE HUNDRED (\$2,500.00) DOLLARS.

NOW, THEREFORE, it is agreed between the parties hereto as follows:

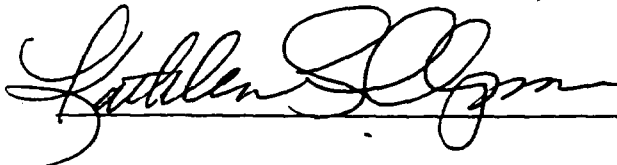
First:

That the term of the lease shall be extended until October 31, 2002 at a monthly rental of TWENTY FIVE HUNDRED AND NO/100 (\$2,500.00) DOLLARS commencing November 1, 1999 and ending October 31, 2002.

Second:

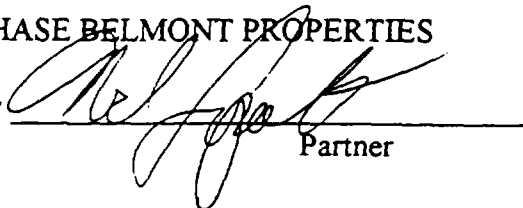
That all of the other terms and conditions in the lease remain in full force and effect.

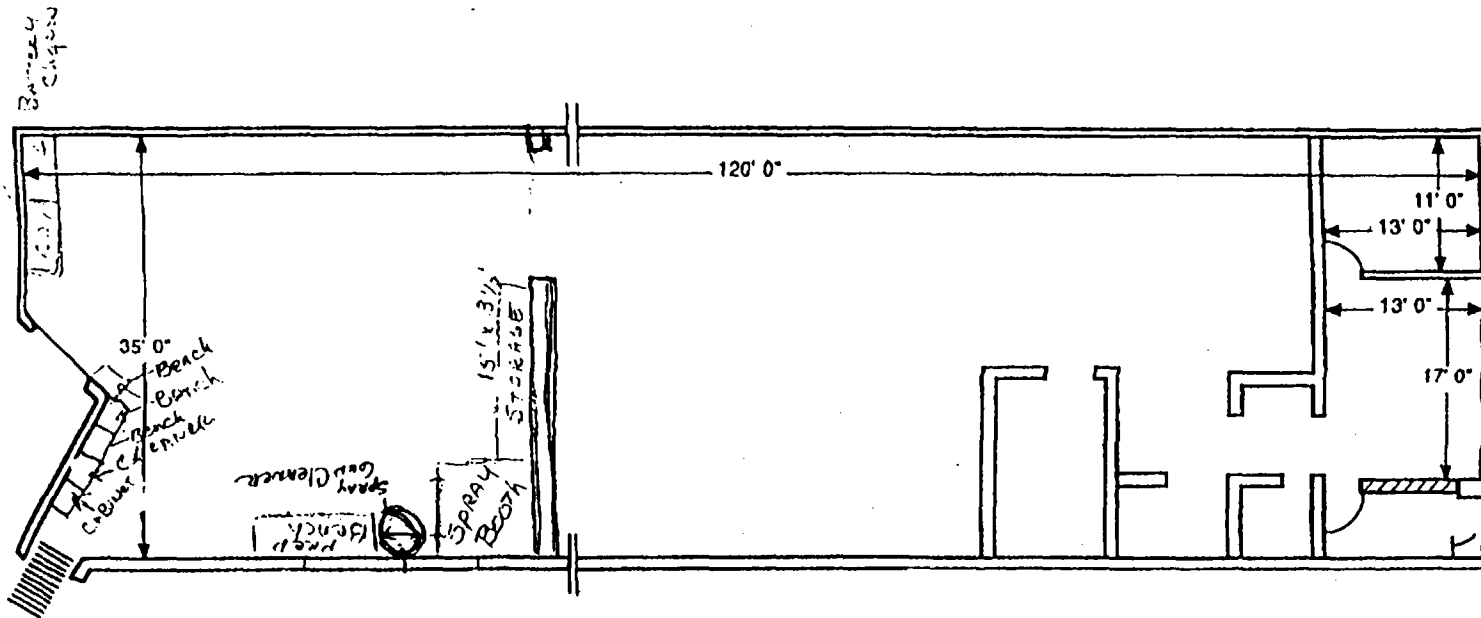
C & C MACHINE TOOL SERVICE, INC.



CHASE BELMONT PROPERTIES

By


Partner





P.O. Box 67-3070
Milwaukee, WI 53267-3070
Return Service Requested

Onyx Waste Services, Inc
Northlake Hauling
(708) 409-9700
www.onyxwasteservices.com

INVOICE

Date 08-25-01

ACCOUNT NO 002107	INVOICE NO 171469
INVOICE TOTAL \$51.20	BALANCE DUE \$51.20

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE, IL 60515-4013

Terms: Net 10 Days

All unpaid balances over 60 days will be subject
to a 1.5% per month finance charge.



PAGE 1 OF 1

DATE	CODE	DESCRIPTION	REFERENCE	QTY	AMOUNT
	(0001)	C&C MACHINE TOOL SVC INC			
		5024 CHASE AVE			
08-18-01	B1	EXTRA PICKUP	ANGIE	2.00	\$30.00
		W/O #: 95284			
08-31-01	B1	EQUIPMENT USE FEE		1.00	\$21.20
		01Aug01-31Aug01			
		**Site Total			\$51.20
		Invoice Total			\$51.20

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$51.20	\$0.00	\$0.00	\$0.00	\$51.20



P.O. Box 67-3070
Milwaukee, WI 53267-3070
Return Service Requested

Onyx Waste Services, Inc
Northlake Hauling
(708) 409-9700
www.onyxwasteservices.com

INVOICE

Date 07-25-01

ACCOUNT NO 002107	INVOICE NO 160411
INVOICE TOTAL \$21.20	BALANCE DUE \$61.80

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNS GROVE, IL 60515-4013

Terms: Net 10 Days

All unpaid balances over 60 days will be subject
to a 1.5% per month finance charge.



PAGE 1 OF 1

DATE	CODE	DESCRIPTION	REFERENCE	QTY	AMOUNT
	(0001)	C&C MACHINE TOOL SVC INC			
		5024 CHASE AVE			
07-31-01	B1	EQUIPMENT USE FEE		1.00	\$21.20
		01Jul01-31Jul01			
		**Site Total			\$21.20
		Invoice Total			\$21.20

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$61.80	\$0.00	\$0.00	\$0.00	\$61.80



P.O. Box 67-3070
Milwaukee, WI 53267-3070
Return Service Requested

Onyx Waste Services, Inc
Northlake Hauling
(708) 409-9700
www.onyxwasteservices.com

INVOICE

Date 06-30-01

ACCOUNT NO 002107	INVOICE NO 149416
INVOICE TOTAL \$40.60	BALANCE DUE \$99.96

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE, IL 60515-4013

Terms: Net 10 Days

All unpaid balances over 60 days will be subject
to a 1.5% per month finance charge.



PAGE 1 OF 1

DATE	CODE	DESCRIPTION	REFERENCE	QTY	AMOUNT
	(0001)	C&C MACHINE TOOL SVC INC			
		5024 CHASE AVE			
06-09-01	B1	REGULAR PICKUP	ANGIE	2.00	\$19.08
		W/O #: 80245			
06-30-01	B1	EQUIPMENT USE FEE		1.00	\$21.20
		01Jun01-30Jun01			
		**Site Total			\$40.28
		Energy Surcharge		0.00	\$0.32
		Invoice Total			\$40.60

IMPORTANT MESSAGE: Due to rising energy costs, this invoice may include an energy surcharge.

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$40.60	\$59.36	\$0.00	\$0.00	\$99.96



P.O. Box 67-3070
Milwaukee, WI 53267-3070
Return Service Requested

Onyx Waste Services, Inc
Northlake Hauling
(708) 409-9700
www.onyxwasteservices.com

INVOICE

Date 05-31-01

ACCOUNT NO 002107	INVOICE NO 138299
INVOICE TOTAL \$59.36	BALANCE DUE \$59.36

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE, IL 60515-4013

Terms: Net 10 Days

All unpaid balances over 60 days will be subject
to a 1.5% per month finance charge.



PAGE 1 OF 1

DATE	CODE	DESCRIPTION	REFERENCE	QTY	AMOUNT
	(0001)	C&C MACHINE TOOL SVC INC			
		5024 CHASE AVE			
05-07-01	B1	CC-ON CALL SERVICE	ANGIE	2.00	\$19.08
		W/O #: 72184			
05-25-01	B1	CC-ON CALL SERVICE	ANGIE	2.00	\$19.08
		W/O #: 76782			
05-31-01	B1	PC-CONTAINER RENTAL		1.00	\$21.20
		01May01-31May01			
		**Site Total			\$59.36
		Invoice Total			\$59.36

IMPORTANT MESSAGE: Due to rising energy costs, next months invoice may include an energy surcharge.

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$59.36	\$0.00	\$0.00	\$0.00	\$59.36



Onyx Waste Services, Inc
Northlake Hauling

PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
04-30-01
INVOICE NUMBER
127269
INVOICE TOTAL
\$40.28

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

All unpaid balances over 30 days will be subject
to a 1.5% per month finance charge.

Page 1

IMPORTANT MESSAGE:

Date	Description	Ref#	Qty.	Amount
	(0001) C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
04-20-01	CC-ON CALL SERVICE		2.00	\$19.08
	W/O #: 68563			
04-30-01	PC-CONTAINER RENTAL		1.00	\$21.20
	01Apr01-30Apr01			
	Site Total			\$40.28

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$10.28	\$68.00	\$0.00	\$0.00	\$100.18



Onyx Waste Services, Inc
Northlake Hauling

PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
03-31-01
INVOICE NUMBER
116129
INVOICE TOTAL
\$68.90

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

All unpaid balances over 30 days will be subject
to a 1.5% per month finance charge.

Page 1

IMPORTANT MESSAGE:

Date	Description	Ref#	Qty.	Amount
(0001)	C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
03-01-01	CC-ON CALL SERVICE	angie	1.00	\$9.54
	W/O #: 56467			
03-02-01	CC-ON CALL SERVICE		2.00	\$19.08
	W/O #: 56802			
03-20-01	CC-ON CALL SERVICE		2.00	\$19.08
	W/O #: 60909			
03-31-01	PC-CONTAINER RENTAL		1.00	\$21.20
	01Mar01-31Mar01			
	Site Total			\$68.90

CURRENT

30 DAYS

60 DAYS

90 DAYS

BALANCE DUE



Onyx Waste Services, Inc
Northlake Hauling

PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
02-28-01
INVOICE NUMBER
104792
INVOICE TOTAL
\$49.82

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

Page 1

IMPORTANT MESSAGE:

Effective immediately: All unpaid balances over 30 days will be subject to a 1.5% per month finance charge. Visit us on the web! www.onyxwasteservices.com

Date	Description	Ref#	Qty.	Amount
(0001)	C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
01-27-01	CC-ON CALL SERVICE	ANGIE	2.00	\$19.08
	W/O #: 48348			
02-06-01	CC-ON CALL SERVICE	MIKE	1.00	\$9.54
	W/O #: 50745			
02-28-01	PC-CONTAINER RENTAL		1.00	\$21.20
	01Feb01-28Feb01			
	Site Total			\$49.82

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$19.08	\$0.00	\$0.00	\$0.00	\$19.08



Onyx Waste Services, Inc
Northlake Hauling

PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
01-31-01
INVOICE NUMBER
093959
INVOICE TOTAL
\$40.28

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

Page 1

IMPORTANT MESSAGE:

We have changed the date we process our invoices. Our invoices will reflect transactions such as work orders/tickets, payments and adjustments processed as of the 25th of every month.

Date	Description	Ref#	Qty.	Amount
12-31-00	Balance forward			\$77.20
01-05-01	Payment received			(\$38.00)
01-11-01	Payment received			(\$39.20)
	(0001) C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
12-27-00	CC-ON CALL SERVICE	ANGIE	2.00	\$19.08
	W/O #: 39926			
01-31-01	PC-CONTAINER RENTAL		1.00	\$21.20
	01Jan01-31Jan01			
	Site Total			\$40.28

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE



Onyx Waste Services, Inc
Northlake Hauling

PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
12-31-00
INVOICE NUMBER
082926
INVOICE TOTAL
\$39.20

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

Page 1

IMPORTANT MESSAGE:

Due to increased operating costs this invoice may reflect a rate increase.

Date	Description	Ref#	Qty.	Amount
11-30-00	Balance forward			\$38.00
(0001)	C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
12-13-00	CC-ON CALL SERVICE	ANGELA	2.00	\$18.00
	W/O #: 36152			
12-31-00	PC-CONTAINER RENTAL		1.00	\$21.20
	01Dec00-31Dec00			
	Site Total			\$39.20

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$39.20	\$39.20	\$0.00	\$0.00	\$77.20



PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER

002107

INVOICE DATE

11-30-00

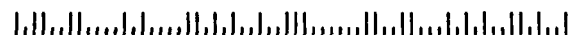
INVOICE NUMBER

071834

INVOICE TOTAL

\$38.00

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

Page 1

IMPORTANT MESSAGE:

We accept Visa or Mastercard. Contact Customer Service at the phone number above to make arrangements. Due to increased operating costs, you may receive a rate increase effective on your next invoice.

Date	Description	Ref#	Qty.	Amount
10-31-00	Balance forward			\$58.00
11-01-00	Payment received			(\$20.00)
11-29-00	Payment received			(\$38.00)
(0001)	C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
11-14-00	CC-ON CALL SERVICE	ANGELA	2.00	\$18.00
11-30-00	PC-CONTAINER RENTAL		1.00	\$20.00
	01Nov00-30Nov00			
	Site Total			\$38.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$38.00	\$0.00	\$0.00	\$0.00	\$38.00



PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
10-31-00
INVOICE NUMBER
060844
INVOICE TOTAL
\$38.00

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Terms: Net 10 Days

Page 1

IMPORTANT MESSAGE:

We accept Visa or Mastercard. Contact Customer Service at the phone number above to make arrangements. Due to increased operating costs, you may receive a rate increase effective on your next invoice.

Date	Description	Ref#	Qty.	Amount
09-30-00	Balance forward			\$40.00
10-02-00	Payment received			(\$20.00)
	(0001) C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
10-17-00	CC-ON CALL SERVICE	ANGIE	2.00	\$18.00
10-31-00	PC-CONTAINER RENTAL		1.00	\$20.00
	01Oct00-31Oct00			
	Site Total			\$38.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$38.00	\$20.00	\$0.00	\$0.00	\$38.00



Onyx Waste Services, Inc
Northlake Hauling

PO BOX 67-3070
MILWAUKEE WI 53267-3070
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
09-30-00
INVOICE NUMBER
045891
INVOICE TOTAL
\$20.00

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Page 1

IMPORTANT MESSAGE:

Date	Description	Ref#	Qty.	Amount
08-31-00	Balance forward			\$20.00
(0001)	C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
09-30-00	PC-CONTAINER RENTAL		1.00	\$20.00
	01Sep00-30Sep00			
	Site Total			\$20.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
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Onyx Waste Services, Inc
Northlake Hauling

605 Northwest Avenue
Northlake IL 60164
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
08-31-00
INVOICE NUMBER
034435
INVOICE TOTAL
\$20.00

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Page 1

IMPORTANT MESSAGE:

Date	Description	Ref#	Qty.	Amount
07-31-00	Balance forward			\$86.00
08-21-00	Payment received			\$3.00
08-21-00	Payment received			\$35.00
08-21-00	Payment received			(\$56.00)
08-21-00	Payment received			(\$68.00)
	(0001) C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
08-31-00	PC-CONTAINER RENTAL		1.00	\$20.00
	01Aug00-31Aug00			
	Site Total			\$20.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
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Onyx Waste Services, Inc
Northlake Hauling

605 Northwest Avenue
Northlake IL 60164
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
07-31-00
INVOICE NUMBER
023172
INVOICE TOTAL
\$68.00

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Page 1

IMPORTANT MESSAGE:

Date	Description	Ref#	Qty.	Amount
06-30-00	Balance forward			\$94.00
07-19-00	Payment received			(\$38.00)
07-19-00	Payment received			(\$38.00)
(0001)	C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
06-06-00	Service Ticket CNV	1171	2.00	\$30.00
07-05-00	CF-DUMP & RETURN	ANGIE	1.00	\$18.00
07-31-00	PC-CONTAINER RENTAL		1.00	\$20.00
	01Jul00-31Jul00			
	Site Total			\$68.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
\$68.00	\$56.00	\$0.00	(\$38.00)	\$86.00



Onyx Waste Services, Inc
Northlake Hauling

605 Northwest Avenue
Northlake IL 60164
(708) 409-9700

INVOICE

CUSTOMER NUMBER
002107
INVOICE DATE
06-30-00
INVOICE NUMBER
011899
INVOICE TOTAL
\$56.00

C & C MACHINE TOOL SVC INC
5024 CHASE AVE
DOWNERS GROVE IL 60515-4013



Page 1

IMPORTANT MESSAGE:

Date	Description	Ref#	Qty.	Amount
05-31-00	Balance forward			\$76.00
06-15-00	Payment received			(\$38.00)
	(0001) C&C MACHINE TOOL SVC INC			
	5024 CHASE AVE			
06-06-00	CF-DUMP & RETURN	1171	2Y 2.00	\$36.00
06-30-00	PC-CONTAINER RENTAL		1.00	\$20.00
	01Jun00-30Jun00			
	Site Total			\$56.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	BALANCE DUE
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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC			
5024 CHASE AVE			
DOWNERS GROVE IL			
05/23/00	449489	ON-CALL PICKUP	18.00
05/31/00		CONTAINER RENTAL	20.00
05/01/00 THRU 05/31/00			
LOCATION TOTAL			38.00
INVOICE TOTAL			38.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
38.00	38.00	3.00	3.00-
CURR BALANCE			76.00
CONTINUED ON PAGE 2			

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	05000-1650	38.00	05/31/00	76.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice.
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO

BROWNING-FERRIS INDUSTRIES
NORTHLAKE #1650
P. O. BOX 67-3070
MILWAUKEE WI 53267-3070

(708) 409-9700
PAGE 1



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
04/06/00	724008	ON-CALL PICKUP	18.00
04/30/00		CONTAINER RENTAL 04/01/00 THRU 04/30/00	20.00
		LOCATION TOTAL	38.00
		INVOICE TOTAL	38.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
38.00	38.00	.00	3.00-
			CURR BALANCE 73.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	04000-1650	38.00	04/30/00	73.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice.
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
NORTHLAKE #1650
P. O. BOX 9001286
LOUISVILLE KY 40290-1286

(708) 409-9700



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
03/08/00	723627	ON-CALL PICKUP	18.00
03/31/00		CONTAINER RENTAL 03/01/00 THRU 03/31/00	20.00
LOCATION TOTAL			38.00
INVOICE TOTAL			38.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
38.00	.00	3.00	.00
CURR BALANCE			35.00
PLEASE NOTE: NEW MAILING ADDRESS PLEASE CHANGE YOUR RECORDS			
REMINDER: PLEASE RETURN YOUR REMITTANCE STUB WITH YOUR CHECK			

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	03000-1650	38.00	03/31/00	35.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
NORTHLAKE #1650
P. O. BOX 9001286
LOUISVILLE KY 40290-1286

(708) 409-9700



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
02/10/00	0240192	ON CALL	18.00
02/26/00	723411	ON CALL	18.00
02/29/00		CONTAINER RENTAL 02/01/00 THRU 02/29/00	20.00
		LOCATION TOTAL	56.00
		INVOICE TOTAL	56.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
56.00	56.00	.00	.00
		CURR BALANCE	112.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	02000-1650	56.00	02/29/00	112.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice.
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
MELROSE HAULING #1650
P. O. BOX 9001207
LOUISVILLE KY 40290-1207

(708) 345-7050



DATE	DOS REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
12/31/99	727908	ON CALL	18.00
01/22/00	728083	ON CALL	18.00
01/31/00		CONTAINER RENTAL 01/01/00 THRU 01/31/00	20.00
		LOCATION TOTAL	56.00
		INVOICE TOTAL	56.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	01000-1650	56.00	01/31/00	56.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
MELROSE HAULING #1650
P. O. BOX 9001207
LOUISVILLE KY 40290-1207

(708) 345-7050



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT										
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL													
12/10/99	74477	ON-CALL PICKUP	18.00										
12/31/99		CONTAINER RENTAL 12/01/99 THRU 12/31/99	20.00										
LOCATION TOTAL			38.00										
INVOICE TOTAL			38.00										
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT										
38.00	38.00	.00	.00										
CARR BALANCE			76.00										
<table border="1"> <thead> <tr> <th>ACCOUNT NUMBER</th> <th>INVOICE NUMBER</th> <th>INVOICE AMOUNT</th> <th>INVOICE DATE</th> <th>BALANCE DUE</th> </tr> </thead> <tbody> <tr> <td>0240192</td> <td>12099-1650</td> <td>38.00</td> <td>12/31/99</td> <td>76.00</td> </tr> </tbody> </table>				ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE	0240192	12099-1650	38.00	12/31/99	76.00
ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE									
0240192	12099-1650	38.00	12/31/99	76.00									

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice.
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
MELROSE HAULING #1650
P. O. BOX 9001207
LOUISVILLE KY 40290-1207

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
11/15/99	719210	ON-CALL PICKUP	18.00
11/30/99		CONTAINER RENTAL	20.00
		11/01/99 THRU 11/30/99	
		LOCATION TOTAL	38.00
		INVOICE TOTAL	38.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	11099-1650	38.00	11/30/99	38.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO

BROWNING-FERRIS INDUSTRIES
MELROSE HAULING #1650
P. O. BOX 9001207
LOUISVILLE KY 40290-1207

(708) 357-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL					
10/05/99	547656	ON-CALL PICKUP	18.00		
10/11/99	77633	ON CALL	18.00		
10/31/99		CONTAINER RENTAL 10/01/99 THRU 10/31/99	20.00		
		LOCATION TOTAL	56.00		
		INVOICE TOTAL	56.00		
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		10099-0733	56.00	10/31/99	56.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
CHICAGO AREA DISTRICT #733
FEIN # 41-1696636
P.O. BOX 9001207
LITTLE ROCK, AR 72209-1207

(708) 345-7050



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
09/30/99		CONTAINER RENTAL 09/01/99 THRU 09/30/99	20.00
		LOCATION TOTAL	20.00
		INVOICE TOTAL	20.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
20.00	56.00	.00	.00
		CURR BALANCE	76.00
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT
0240192		09099-0733	20.00
		INVOICE DATE	BALANCE DUE
		09/30/99	76.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

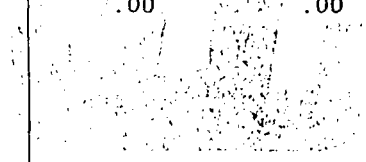


MAKE
CHECKS
PAYABLE
TO

BROWNING-FERRIS INDUSTRIES
CHICAGO AREA DISTRICT #733
FEIN # 41-1696636
P.O. BOX 9001207
LANSING, MI 48207

(708) 345-7050



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL					
08/17/99	541738	ON-CALL PICKUP	18.00		
08/23/99	542242	ON CALL	18.00		
08/31/99		CONTAINER RENTAL 08/01/99 THRU 08/31/99	20.00		
		LOCATION TOTAL	56.00		
		INVOICE TOTAL	56.00		
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE	
56.00	56.00	.00	.00	112.00	
					
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		08099-0733	56.00	08/31/99	112.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
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TO:

BROWNING-FERRIS INDUSTRIES
CHICAGO AREA DISTRICT #733
FEIN # 41-1696636
P.O. BOX 9001207
LOUISVILLE KY 40290-1207

(708) 345-7050



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL					
07/02/99	1520	ON-CALL PICKUP	18.00		
07/31/99	539937	ON-CALL PICKUP	18.00		
07/31/99		CONTAINER RENTAL 07/01/99 THRU 07/31/99	20.00		
		LOCATION TOTAL	56.00		
		INVOICE TOTAL	56.00		
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		07099-0733	56.00	07/31/99	56.00

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FEIN # 41-1696636
P.O. BOX 9001207
LOUISVILLE KY 40290 1207

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DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
06/04/99	534380	ON-CALL PICKUP	18.00
06/26/99	536726	ON-CALL PICKUP SAT/ 2 YDS	18.00
06/30/99		CONTAINER RENTAL	20.00
		06/01/99 THRU 06/30/99	
		LOCATION TOTAL	56.00
		INVOICE TOTAL	56.00
PAID			

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	06099-0733	56.00	06/30/99	56.00

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CHICAGO AREA DISTRICT #733
FEIN # 41-1696636
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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
05/04/99	531268	ON-CALL PICKUP	18.00
05/05/99	531392	ON-CALL PICKUP / 2 YDS	18.00
05/14/99	532420	ON-CALL PICKUP	18.00
05/19/99	532845	ON CALL	18.00
05/20/99	533014	ON CALL	18.00
05/21/99	533128	ON CALL	18.00
05/26/99	714797	ON-CALL PICKUP	18.00
05/31/99		CONTAINER RENTAL 05/01/99 THRU 05/31/99	20.00
LOCATION TOTAL			146.00
INVOICE TOTAL			146.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
146.00	38.00	.00	.00
CURR BALANCE			184.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	05099-0733	146.00	05/31/99	184.00

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FEIN # 41-1696636
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CHICAGO, IL 60690-1207

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
04/13/99	529560	ON-CALL PICKUP	18.00
04/30/99		CONTAINER RENTAL 04/01/99 THRU 04/30/99	20.00
		LOCATION TOTAL	38.00
		INVOICE TOTAL	38.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
38.00	38.00	.00	.00
			CURR BALANCE 76.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	04099-0733	38.00	04/30/99	76.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
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MAKE
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V702 (5/97)

BROWNING-FERRIS INDUSTRIES
CHICAGO AREA DISTRICT #733
FEIN # 36-2704946
P.O. BOX 9001207
LOUISVILLE KY 40290-1207

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
03/02/99	715554	PICK UP	18.00
03/31/99		CONTAINER RENTAL	20.00
		03/01/99 THRU 03/31/99	
		LOCATION TOTAL	38.00
		INVOICE TOTAL	38.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	03099-0733	38.00	03/31/99	38.00

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CHICAGO AREA DISTRICT #733
FEIN # 36-2704946
P.O. BOX 9001207
LOUISVILLE KY 40220-1207

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL			
02/02/99	524940	PICK UP	18.00
02/17/99	525769	PICK UP	18.00
02/23/99	526060	PICK UP	18.00
02/28/99		CONTAINER RENTAL 02/01/99 THRU 02/28/99	20.00
		LOCATION TOTAL	74.00
		INVOICE TOTAL	74.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	02099-0733	74.00	02/28/99	74.00

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CHICAGO AREA DISTRICT #733
FEIN # 36-2704946
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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT		
01/31/99	SERVICE LOCATION 101: C&C MACHINE TOOL SVC INC 5024 CHASE AVE DOWNERS GROVE IL	CONTAINER RENTAL 01/01/99 THRU 01/31/99	20.00		
		LOCATION TOTAL	20.00		
		INVOICE TOTAL	20.00		
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		01099-0733	20.00	01/31/99	20.00

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CHICAGO AREA DISTRICT #733
FEIN # 36-2704946
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DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C&C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL			
12/08/98	521124	ON CALL / 2 YDS	18.00
12/31/98		CONTAINER RENTAL 12/01/98 THRU 12/31/98	20.00
		LOCATION TOTAL	38.00
		INVOICE TOTAL	38.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
38.00	107.10	.00	.00
CURR BALANCE			145.10
<i>\$ 170.00 Credit due</i>			
			75.10

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	981200-0240192	38.00	12/31/98	145.10

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL			
11/04/98	519206	ON CALL/ 8 YDS	88.00
11/30/98		CONTAINER RENTAL - PRORATED	2.10
		PRORATED 11/10/98 TO 11/30/98	
11/30/98		CONTAINER RENTAL	17.00
		11/01/98 THRU 11/30/98	
		LOCATION TOTAL	107.10
		INVOICE TOTAL	107.10
\$70 credit overcharge			

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL			
10/01/98	517204	PICK UP	18.00
10/14/98	517956	PICK UP	18.00
10/16/98	518127	PICK UP	18.00
10/26/98	518607	PICK UP	18.00
10/31/98		CONTAINER RENTAL 10/01/98 THRU 10/31/98	17.00
		LOCATION TOTAL	89.00
		INVOICE TOTAL	89.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	981000-0240192	89.00	10/31/98	89.00

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FEIN # 36-2704946
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DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL					
09/08/98	707571	ON CALL	22.80		
09/30/98		CONTAINER RENTAL 09/01/98 THRU 09/30/98	17.00		
		LOCATION TOTAL	39.80		
		INVOICE TOTAL	39.80		
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		980900-0240192	39.80	09/30/98	39.80

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL				
08/04/98	513466	ON CALL/ 2 YDS	36.00	
08/10/98	707942	ON CALL/ 02 YDS	36.00	
08/31/98		CONTAINER RENTAL 08/01/98 THRU 08/31/98	17.00	
		LOCATION TOTAL	89.00	
		INVOICE TOTAL	89.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE
89.00	49.00	.00	.00	138.00
CUSTOMERS WHOSE RATES HAVE NOT BEEN ADJUSTED, MAY RECEIVE A RATE INCREASE EFF 10-1-98, DUE TO INCREASED DISPOSAL & OPERATING COSTS.				

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FEIN # 36-2704946
P.O. BOX 9001207

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL				
07/13/98	512072	ON CALL/ 2 YD	32.00	
07/31/98		CONTAINER RENTAL	17.00	
		07/01/98 THRU 07/31/98		
		LOCATION TOTAL	49.00	
		INVOICE TOTAL	49.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE
49.00	17.00	.00	.00	66.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	980700-0240192	49.00	07/31/98	66.00

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CHICAGO AREA DISTRICT #733
FEIN # 36-2704946
P.O. BOX 9001207
LOUISVILLE KY 40200-1207

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
06/30/98		SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL CONTAINER RENTAL 06/01/98 THRU 06/30/98 LOCATION TOTAL INVOICE TOTAL	17.00 17.00 17.00
DUE TO INCREASED DISPOSAL AND OPERATING COSTS, YOU MAY RECEIVE A RATE INCREASE EFFECTIVE ON YOUR AUGUST INVOICE.			

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	980600-0240192	17.00	06/30/98	17.00

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FEIN # 36-2704946
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(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL					
05/06/98	510276	ON CALL	32.00		
05/31/98		CONTAINER RENTAL	17.00		
		05/01/98 THRU 05/31/98			
		LOCATION TOTAL	49.00		
		INVOICE TOTAL	49.00		
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		980500-0240192	49.00	05/31/98	49.00

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FEIN # 36-2704946
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LOUISVILLE KY 40200-1207

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL			
04/14/98	803745	EXTRA P/U - 2 YDS	16.00
04/29/98	509823	ON CALL	16.00
04/30/98		CONTAINER RENTAL 04/01/98 THRU 04/30/98	17.00
		LOCATION TOTAL	49.00
		INVOICE TOTAL	49.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	980400-0240192	49.00	04/30/98	49.00

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FEIN # 36-2704946
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FORTSMITH, KY 40220-1207

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
03/31/98		SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL CONTAINER RENTAL 03/01/98 THRU 03/31/98 LOCATION TOTAL INVOICE TOTAL	17.00 17.00 17.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	980300-0240192	17.00	03/31/98	17.00

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FEIN # 36-2704946
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CHICAGO, IL 60690-1207

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL			
02/04/98	502983	ON CALL	32.00
02/28/98		CONTAINER RENTAL 02/01/98 THRU 02/28/98	17.00
		LOCATION TOTAL	49.00
		INVOICE TOTAL	49.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
49.00	17.00	.00	.00
		CURR BALANCE	66.00
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT
0240192		980200-0240192	49.00
		INVOICE DATE	BALANCE DUE
		02/28/98	66.00

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC			
		5024 CHASE AVE	
		DOWNERS GROVE IL	
01/31/98		CONTAINER RENTAL	17.00
		01/01/98 THRU 01/31/98	
		LOCATION TOTAL	17.00
		INVOICE TOTAL	17.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
17.00	161.00	.00	.00
CURR BALANCE			178.00
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT
0240192		980100-0240192	17.00
		INVOICE DATE	BALANCE DUE
		01/31/98	178.00

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CHICAGO AREA DISTRICT #0733
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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL				
11/20/97	73538	EXTRA	32.00	
12/01/97	80493	EXTRA	32.00	
12/17/97	801630	EXTRA	32.00	
12/29/97	801658	LOOSE YARDS	48.00	
12/31/97		CONTAINER RENTAL 12/01/97 THRU 12/31/97	17.00	
		LOCATION TOTAL	161.00	
		INVOICE TOTAL	161.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE
161.00	81.00	.00	.00	242.00
CLEANING OUT? ROLL OFF BOXES NOW AT A SPECIAL RATE! 1-800-345-1408				

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	971200-0240192	161.00	12/31/97	242.00

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CHICAGO AREA DISTRICT #0733
P.O. BOX 9001207
LOUISVILLE KY 40200-1207

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL			
11/05/97	81521	EXTRA	32.00
11/15/97	81327	EXTRA	32.00
11/30/97		CONTAINER RENTAL 11/01/97 THRU 11/30/97	17.00
		LOCATION TOTAL	81.00
		INVOICE TOTAL	81.00
CURR MO AMT OVER 30 AMT OVER 60 AMT OVER 90 AMT CURR BALANCE 81.00 49.00 .00 .00 130.00			
PLEASE CHANGE YOUR RECORDS! OUR MAILING ADDRESS HAS CHANGED.			

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	971100-0240192	81.00	11/30/97	130.00

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DATE	DOC. REF. NO	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL					
10/30/97	21103	LOOSE YARDS	32.00		
10/31/97		CONTAINER RENTAL	17.00		
		10/01/97 THRU 10/31/97			
		LOCATION TOTAL	49.00		
		INVOICE TOTAL	49.00		
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		971000-0240192	49.00	10/31/97	49.00

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CHICAGO AREA DISTRICT #0733
P.O. BOX 9001207
LOUISVILLE KY 40200 1207

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL				
09/30/97		CONTAINER RENTAL 09/01/97 THRU 09/30/97	17.00	
		LOCATION TOTAL	17.00	
		INVOICE TOTAL	17.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE
17.00	49.00	.00	.00	66.00
PLEASE NOTE NEW "REMIT TO" ADDRESS EFFECTIVE IMMEDIATELY BFI GLEN ELLYN OFFICE 630-469-1036 BFI AURORA OFFICE 630-892-9294				

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
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LOUISVILLE KY 40290-1207

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DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT										
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL													
08/28/97	36910	EXTRA	32.00										
08/31/97		CONTAINER RENTAL	17.00										
		08/01/97 THRU 08/31/97											
		LOCATION TOTAL	49.00										
		INVOICE TOTAL	49.00										
<table> <tr> <td>CURR MO AMT</td> <td>OVER 30 AMT</td> <td>OVER 60 AMT</td> <td>OVER 90 AMT</td> <td>CURR BALANCE</td> </tr> <tr> <td>49.00</td> <td>17.00</td> <td>.00</td> <td>.00</td> <td>66.00</td> </tr> </table>				CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE	49.00	17.00	.00	.00	66.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE									
49.00	17.00	.00	.00	66.00									
BFI GLEN ELLYN OFFICE 630-469-1036 BFI AURORA OFFICE 630-892-9294													

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	970800-0240192	49.00	08/31/97	66.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND EAST #733
P.O. BOX 6119
CAROL STREAM IL 60197-6119

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT	
07/31/97		SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL		
		CONTAINER RENTAL 07/01/97 THRU 07/31/97	17.00	
		LOCATION TOTAL	17.00	
		INVOICE TOTAL	17.00	
ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	970700-0240192	17.00	07/31/97	17.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
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PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND EAST #733
P.O. BOX 6119
CAROL STREAM IL 60197-6119

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT		
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL					
06/30/97		CONTAINER RENTAL 06/01/97 THRU 06/30/97	17.00		
		LOCATION TOTAL	17.00		
		INVOICE TOTAL	17.00		
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE	
17.00	17.00	.00	.00	34.00	
ACCOUNT NUMBER		INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192		970600-0240192	17.00	06/30/97	34.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
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PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(708) 345-7050



DATE	DOC. REF. NO	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL				
05/31/97		CONTAINER RENTAL 05/01/97 THRU 05/31/97	17.00	
		LOCATION TOTAL	17.00	
		INVOICE TOTAL	17.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE
17.00	97.00	17.00	.00	131.00
AS A RESULT OF INCREASED COSTS FOR DISPOSAL AND OPERATING EXPENSES, YOU MAY WEE AN INCREASE IN YOUR JULY OR AUGUST INVOICE. THANK YOU				

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	970500-0240192	17.00	05/31/97	131.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
PAYABLE
TO:

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101: C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL				
04/07/97	4335	ON CALL	32.00	
04/16/97	72080	ON CALL	16.00	
04/22/97	530111	EXTRA	32.00	
04/30/97		CONTAINER RENTAL 04/01/97 THRU 04/30/97	17.00	
		LOCATION TOTAL	97.00	
		INVOICE TOTAL	97.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	CURR BALANCE
97.00	17.00	.00	.00	114.00

ACCOUNT NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	BALANCE DUE
0240192	970400-0240192	97.00	04/30/97	114.00

Payments and Charges Made After Due Date Will Appear On Next Statement/Invoice.
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



MAKE
CHECKS
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TO:

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232



THIS CHECK IS NOT VALID

DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101		C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL	
01/30/97	66848	ON CALL	16.00
02/10/97	56629	EXTRA	32.00
02/28/97		CONTAINER RENTAL 02/01/97 THRU 02/28/97	17.00
		LOCATION TOTAL	65.00
		INVOICE TOTAL	65.00

1024

70-2263/719

1997

\$ 65.00

DOLLARS ☒ Security features
Included
Details on back

MP

INVOICE NUMBER	ACCOUNT NUMBER	INVOICE AMT.	INVOICE DATE	BALANCE DUE
970200-0240192	0240192	\$ 65.00	02/28/97	\$ 65.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

Payments And Charges Made After Invoice Date Will Appear On Next Invoice



MAKE
CHECKS
PAYABLE
TO

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232

PAGE 1



Recycled
Paper

DATE	DOC/REF NO	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101		C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL		
01/31/97		CONTAINER RENTAL 01/01/97 THRU 01/31/97	17.00	
		LOCATION TOTAL	17.00	
		INVOICE TOTAL	17.00	
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT	
17.00	17.00	.00	.00	
			CURR BALANCE	
			34.00	
INVOICE NUMBER	ACCOUNT NUMBER	INVOICE AMT	INVOICE DATE	BALANCE DUE
970100-0240192	0240192	\$ 17.00	01/31/97	\$ 34.00

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BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232

PAGE 1



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000101 01001000

DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101		C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL		
12/31/96		CONTAINER RENTAL 12/01/96 THRU 12/31/96	17.00	
		LOCATION TOTAL	17.00	
		INVOICE TOTAL	17.00	
INVOICE NUMBER	ACCOUNT NUMBER	INVOICE AMT.	INVOICE DATE	BALANCE DUE
961200-0240192	0240192	\$ 17.00	12/31/96	\$ 17.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

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MAKE
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BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232

PAGE 1



DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101		C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL	
09/19/96	69283	EXTRA PICKUP	16.00
11/11/96	59184	ON CALL	16.00
11/21/96	58678	ON CALL	16.00
11/30/96		CONTAINER RENTAL 11/01/96 THRU 11/30/96	17.00
		LOCATION TOTAL	65.00
		INVOICE TOTAL	65.00
CURR MO AMT	OVER 30 AMT	OVER 60 AMT	OVER 90 AMT
65.00	49.00	.00	.00
			CURR BALANCE
			114.00
INVOICE NUMBER	ACCOUNT NUMBER	INVOICE AMT	INVOICE DATE
961100-0240192	0240192	\$ 65.00	11/30/96
			BALANCE DUE
			\$ 114.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

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MAKE
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BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232

PAGE 1



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Paper

RC3101 39080115

DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT	
SERVICE LOCATION 101:		C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL		
10/10/96	58787	ON CALL	16.00	
10/29/96	68890	ON CALL	16.00	
10/31/96		CONTAINER RENTAL 10/01/96 THRU 10/31/96	17.00	
		LOCATION TOTAL	49.00	
		INVOICE TOTAL	49.00	
INVOICE NUMBER	ACCOUNT NUMBER	INVOICE AMT	INVOICE DATE	BALANCE DUE
961000-0240192	0240192	\$ 49.00	10/31/96	\$ 49.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

Payments And Charges Made After Invoice Date Will Appear On Next Invoice



MAKE
CHECKS
PAYABLE
TO

BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232

PAGE 1



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Paper

DATE	DOC. REF. NO.	DESCRIPTION	AMOUNT
SERVICE LOCATION 101:		C & C MACHINE TOOL SERV INC 5024 CHASE AVE DOWNERS GROVE IL	
09/13/96	38272	ON CALL	16.00
09/17/96	38335	ON CALL	16.00
09/30/96		CONTAINER RENTAL 09/01/96 THRU 09/30/96	17.00
LOCATION TOTAL			49.00
INVOICE TOTAL			49.00
CURR MO AMT		OVER 30 AMT	OVER 60 AMT
49.00		.00	.00
		OVER 90 AMT	CURR BALANCE
		.00	16.00
INVOICE NUMBER		ACCOUNT NUMBER	INVOICE AMT
960900-0240192		0240192	\$ 49.00
		INVOICE DATE	BALANCE DUE
		09/30/96	\$ 16.00

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MAKE
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TO: BROWNING-FERRIS INDUSTRIES
CHICAGOLAND WEST
P O BOX 6102
CAROL STREAM IL 60197-6102

(630) 964-3232

PAGE 1



000101 60150000



HAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR
CERTIFICATION

CUSTOMER NAME: QTC Machine Tool

CUSTOMER NUMBER: SD3401-2453

TODAY'S DATE: 10/28/97

HAZARDOUS WASTES GENERATED: SOLVENT

By signing below, I certify the hazardous waste(s) removed from my premises on the date referenced above have been accumulated from 10/28/97
(accumulation start date)

I also certify that I am a conditionally exempt small quantity generator (generate less than 220 pounds of hazardous waste per calendar month and have not accumulated more than 2,200 pounds of waste total at any one time) and therefore am not required by Federal or State law to manifest my wastes off-site.

[Signature]
Customer Signature

Mark Chopas
Printed Name and Title

To be maintained at the branch in customer file.



HAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR
CERTIFICATION

CUSTOMER NAME: CYC MACHINE TOOL SERV INC.

CUSTOMER NUMBER: 5034-01-2453

TODAY'S DATE: 8/27/97

HAZARDOUS WASTES GENERATED: AQUEOUS PARTS WASHED WASTE

By signing below, I certify the hazardous waste(s) removed from my premises on the date referenced above have been accumulated from 8/27/97 (15) 7/15/97 (205)
(accumulation start date)

I also certify that I am a conditionally exempt small quantity generator (generate less than 220 pounds of hazardous waste per calendar month and have not accumulated more than 2,200 pounds of waste total at any one time) and therefore am not required by Federal or State law to manifest my wastes off-site.

C Witt
Customer Signature

C. WITT SALES
Printed Name and Title

To be maintained at the branch in customer file.



State of Illinois

ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

INITIAL MANIFEST ORDER FORM FOR 20 FEE-EXEMPT MANIFESTS

This form entitles you, the generator to 20 fee-exempt manifests. Only this original form will be accepted for this original fee-exempt order. NO PHOTOCOPIES. LOST FORMS WILL NOT BE REPLACED. Complete the information requested below completely and accurately. The next 500 manifests you, the generator, order will be \$1.00 each. A separate order form will be provided and payment must accompany each future order. NO PHONE ORDERS WILL BE ACCEPTED.

GENERATOR NAME _____

IL GENERATOR NUMBER 0430305252

GENERATOR LOCATION _____

CITY, STATE, ZIP _____

CONTACT _____ PHONE _____

Indicate quantity and type of manifest:

_____ Manifest(s) (Circle One) Pin-Fed Snap-Top

NOTE: Your correct generator number is at the top of this form. This number should be used on all future order forms, and on all manifests from this generator's location. If there are any questions about this number, or if you receive multiple numbers, please contact the Agency. The correct number must be used.

TO EXPEDITE THIS ORDER, USE THE ENCLOSED PREPRINTED LABEL AND RETURN TO:
"MANIFEST REQUEST ENCLOSED"
ILLINOIS EPA LPC 24
P.O. BOX 19276
SPRINGFIELD, IL 62794-9276

PRINT CLEARLY BELOW, AS WELL AS ON THE ENCLOSED LABEL, THE NAME AND ADDRESS (NO P.O. BOX) TO WHICH THE MANIFESTS SHOULD BE SENT.

TO: _____

ATTN: _____

ADDRESS: _____ (NO P.O. BOXES)

MANIFEST REQUEST ENCLOSED

Illinois Environmental Protection Agency
Division of Land Pollution Control #24
1001 North Grand Avenue East
Springfield, Illinois 62702

13. Section 22.8. Disclosure
may result in a civil
penalty up to \$1,000.00 for
100.00 and imprisonment up to
1 ms Management Center.

Send Manifests to (P.O. Box Not Acceptable):



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY INVENTORY IDENTIFICATION NUMBER APPLICATION

FOR AGENCY USE ONLY

INVENTORY #	ISSUED	TRAN CODE	TRAN DATE	INITIALS
0430305252		A	1/1	XXX

1 10 14 15 20 21 23

Please read the instructions on the reverse side of this form before completing. Please exclude punctuations when completing. Limit information to the amount of blanks provided or we will have to abbreviate for you. The information given is exactly how it will appear in the Bureau of Land's computer inventory system.

E.S.D.A. INCIDENT # (if applicable):

LOCATION ADDRESS

(exact street location where waste is generated)

Card Type

COMPANY NAME:

010

C & C Machine Tool

11 13

24

53

LOCATION (Post Office Box numbers will not be accepted):

020

5024 Chase Rd

11 13

24

48

CITY: Downers Grove

STATE: IL

55

74

75 76

ZIP: 60515

COUNTY: DuPage

77

85

TELEPHONE: 630 810 0484

86

89

92

95

CONTACT: Chet Witt

96

120

MAILING ADDRESS

(if same as above, leave blank)

030

STREET:

11 13

54

78

P O BOX:

79

84

CITY:

85

104

STATE:

ZIP:

105106

107

115

MANIFESTS:

You qualify for 20 free Uniform Hazardous Waste Manifests. If you do not need 20 Manifests, please indicate the amount you need. Please check the type you need.

Number of Manifests needed: 0

Snap-Top

Pin-Fed (computer fed)

RETURN ADDRESS:

INDICATE THE LOCATION TO WHICH THIS FORM SHOULD BE RETURNED.

Company Name:

C & C Machine Tool

Contact Person:

Chet Witt

Street:

5024 Chase Rd

City:

Downers Grove

State:

IL

Zip:

60515

Waste may not be sent to an Illinois facility without an IEPA Supplemental Waste Stream Permit number.

AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois inventory ID number. This company has not previously shipped waste from this location under the Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID number.

Signature of Authorized Representative:

Chet Witt

Date:

6/30/97

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

Dear Notifier:

JUL 25 1997

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon
RCRA Notifications Coordinator
Waste Management Division

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

PROGRAM MANAGEMENT BRANCH

RECEIVED
Date Received
(For Official Use Only)
JUL 21 1997

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

ILR0000040535

II. Name of Installation (Include company and specific site name)

C + C MACHINE Kiosk

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

51024 CHASEY RD

Street (continued)

City or Town

DOWNS GROVE

State

ZIP Code

IL 60515

County Code County Name

043 DuPage

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

WITT

(first)

CHET

Job Title

~~SALES~~ SALES

Phone Number (area code and number)

630-810-0484

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

SAME

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

SAME

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type



C. Owner Type



D. Change of Owner Indicator

Yes

No



(Date Changed) Month Day Year

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Markers (or On-site Burner) Who First Claim the Oil Meets the Specification
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20176 2039

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
<i>Chet Witt</i>	CHET WITT SALES	6/30/97

XI. Comments

7/25/97
vt



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR000040535		Manifest Document No. 67064	2. Page 1 of 1	Information in the shaded areas is required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515					Location If Different		
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" 630 810-0484					A. Illinois Manifest Document Number IL09834549 FEE PAID IF APPLICABLE		
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC					B. Generator's IL ID Number 0430305252		
6. US EPA ID Number SCR000075150					C. Transporter's ID Number UPW151288IL		
7. Transporter 2 Company Name					D. Transporter's Phone (847) 468-6600		
8. US EPA ID Number					E. Transporter's ID Number		
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419					F. Transporter's Phone ()		
10. US EPA ID Number ILD980613913					G. Facility's IL ID Number 0310690006		
					H. Facility's Phone (708 225-8100)		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)					No. 002 Type DM	0004	G
b.							
c.							
d.							
J. Additional Description for Materials Listed Above					K. Handling Codes for Wastes Listed Above in Item #14 M124		
15. Special Handling Instructions and Additional Information 0134 101027047 0018467064 0000207512 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. *EMERGENCY RESP#800-468-1760 24HR							
A 10070 B C D							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Mark Chapas					Signature <i>[Signature]</i>		Date Month Day Year 082001
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>[Signature]</i>		Date Month Day Year 082001
18. Transporter 2 Acknowledgement of Receipt of Materials					Signature <i>[Signature]</i>		Date Month Day Year
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 18					Date Month Day Year 082201		
Printed/Typed Name KIMELLE BRETHER					Signature <i>[Signature]</i>		Date Month Day Year 082201

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1-2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

LOCATION: 503401

LDR NOTIFICATION FORM

09:44:50

GENERATOR NAME: C & C MACH TOOL SERV INC
OR SALES SERVICE NO.:

MANIFEST NO.:
18467064

IL09834549

CUST#: 0000-2075-12

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

100 0-CRESOL
211 PENTACHLOROPHENOL
229 TETRACHLOROETHYLENE
250 CADMIUM
255 LEAD
257 MERCURY - ALL OTHERS
260 SILVER

NOTES
EXP NOTICE: THIS LDR EXPIRES ON 12/31/2001.

GENERATOR'S AUTHORIZED SIGNATURE: [Signature] NAME & TITLE: Mark Chapelle DATE: 8, 20, 01
(PRINTED OR TYPED)

SEQ#: 714 LOC: 503401

TERR: 27 REF#: 18467064 SW: 0134

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

CUSTOMER GENERATOR

0	0	0	0	-	2	0	7	5	-	1	2
---	---	---	---	---	---	---	---	---	---	---	---

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

B I L L T O

FOR SERVICE	ALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SOME TERM	REFERENCE NUMBER
847 468-6600		DAVE MATOUSEK	10/20/01	01-34	27	00184670
				CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
				C	454.00	454.00
BUSINESS TYPE		CHAIN	OUTER COUNTRY	SVC. P/C	PRC	
09		0000	NO	0491	00	
LOCATION					TAX EXEMPTION NO	
503401						

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
8/20/11	16598		30-810-0484	14-210-2052					.0675

[illegible]

TOTAL SERVICE/PRODUCTS		454.00	0.00	454.00	0.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.		GENERATOR STATE ID NO.		→	MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SCR000075150		TLR000040535		0430305252			LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>
							EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

[illegible]

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEIN SYSTEMS, INC.	I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE	USA EPA ID NO. IL 6900613913
633 E 134TH ST	DOLTON, IL 60419		STATE ID NO. 0310690006

PAYMENT RECEIVED SECTION PREVIOUS CREDIT → NO	CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:	
	CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$		

MANIFEST NO.	
IL09134549	
LDR MESSAGE	
LDR REQ D	
MANIFEST CODE	SEQ #
IL	784

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Mark Chapas
Print Customer Name

By [Signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	4/54/2
DO NOT WRITE IN THE AREA BELOW	
0018467064	
0000-2075-12 -6	



1301 Gervais Street - Suite 300
Columbuth Carolina 29201
CUSTOMER NO.



TRANS NO. 05397-0001

LED TO NO. 39000013

LED TO NO. 39000013

FOR SERVICE	L	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHED TERM	REFERENCE NUMBER
647 468-6600		DAVE MATOUSEK	09/15/01	01-29	04	00180987
				CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
				C	451.20	225.60
BUSINESS TYPE		CHAIN	OUTER COUNTY	SVC. P/C	PRO	
07		0000	NO	0076	00	
LOCATION				TAX EXEMPTION NO.		
503401						

GENERATOR
CUSTOMER

B
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L
L

C E C MACHINE TOOL SVC
5024 CHASE AVE
DOWNERS GROVE IL 60515

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/20/01	26595		630-810-0484	14-210-2052	PR				.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE SGN DATE (YY MM)	INV CODE	PROMO NO.
1	0170700	0701347		1	225.60	0.00	225.60	0.00	CLEAN	SPENT	# OF CONT.	SK DOT					
2	01100001		2.9001						XX	XX							
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

TOTAL-SERVICE/PRODUCTS				225.60	0.00	225.60	0.00	CHECK APPROPRIATE BOXES		GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO		
USEPA TRANSPORTER 1 ID NO.				USEPA TRANSPORTER 2 ID NO.				GENERATOR USEPA ID NO.				GENERATOR STATE ID NO.				MACHINE CONDITION & CLEANLINESS			
SCR000075150								CES06				CES06				LAMP ASSEMBLY CONDITION			
																EMERGENCY CLOSING OF LID UNOBSTRUCTED			
																FUSIBLE LINK INSTALLED			
																SPENT SOLVENT MEETS ACCEPTANCE CRITERIA			

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12 CONTAINERS NO.	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:			
WASTE PAINT RELATED MATERIAL 3 UN1263 PG11 ERG#127										1	4	6	11658	0 TO 220 LBS/MONTH			
A. F005, F003, D001, D010, D035, D039, D040 7.2#/GAL														INITIALS			
B.														220 LBS TO 2,200 LBS/MONTH			
C.														INITIALS			
D.														GREATER THAN 2,200 LBS/MONTH			
														INITIALS			

DESIGNATED FACILITY NAME AND ADDRESS		SAFETY-KLEEN SYSTEMS, INC.		I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.		USA EPA ID NO.	
1500 E VILLA ST		ELGIN IL 60120				110000805911	
						STATE ID NO.	
						0314380001	

PAYMENT SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:		
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE		
			<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS		
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$	
PREVIOUS CREDIT CARD NO.					

CREDIT CARD NO.	AMEX VISA MC	EXP. DATE

MANIFEST NO.	
XXXXX	
LDR MESSAGE	
LDR NOT RECD	
MANIFEST CODE	SEQ #
DP	JUB

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Angie Chapas
Print Customer Name

Angela Chapas
By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	225.60
DO NOT WRITE IN THE AREA BELOW	
0018096775	
0000-9455-93 -2	



5-034-01

State Form LPC 62 B/81

IL532-0610

AND SPECIAL INSTRUCTIONS

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR000040535	Manifest Document No. 24773	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.		
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				A. Illinois Manifest Document Number IL 9756547 FEE PAID IF APPLICABLE			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 810-0484				B. Generator's IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC		6. US EPA ID Number SCR000075150		C. Transporter's ID Number UPW1512881L			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (847) 468-6600			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419		10. US EPA ID Number ILD980613913		E. Transporter's ID Number			
				F. Transporter's Phone ()			
				G. Facility's IL ID Number 0310690006			
				H. Facility's Phone (708) 225-8100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID, N. O. S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)				102 DM	400.42	G	EPA HW Number D039
b.							EPA HW Number
c.							EPA HW Number
d.							EPA HW Number
J. Additional Description for Materials Listed Above				K. Handling Codes for Wastes Listed Above In Item #14 M124			
15. Special Handling Instructions and Additional Information 0122 100657210 0017624773 0000207512 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR							
A 10070 B C D							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Mark Chapman				Signature <i>[Signature]</i>		Date Month Day Year 6 6 0 9 0 1	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Ken		Signature <i>[Signature]</i>	
				Signature <i>[Signature]</i>		Date Month Day Year 6 6 0 9 0 1	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name K WHITE				Signature <i>[Signature]</i>		Date Month Day Year 6 6 0 9 0 1	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

54474-R5732
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

05/05/01 PAGE.
11:21:49

GENERATOR NAME: C & C MACH TOOL SERV INC
MANIFEST NO.: IL 9756547
OR SALES SERVICE NO.: 17624773

CUST#: 0000-2075-12

U JANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
ASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

DR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000

PA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

SKDOT#: 0010070

REATABILITY GROUP: NONWASTEWATERS

ASTE CONSITITUENT NOTIFICATION:

100 D-CRESOL
211 PENTACHLOROPHENOL
229 TETRACHLOROETHYLENE
250 CADMIUM
255 LEAD
257 MERCURY - ALL OTHERS
260 SILVER

-----NOTES-----
EXP NOTICE: THIS LDR EXPIRES ON 12/31/2001.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 3252 LOC: 503401

TERR: 27 REF#: 17624773 SW: 0122

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFE

TOTAL CHARGE (FROM ABOVE)	854.12
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	347.74
DO NOT WRITE IN THE AREA BELOW	
0017624773	
0000-2075-12 -6	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR000040535		Manifest Document No. 46920		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL9592867 FEE PAID IF APPLICABLE			
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"						B. Generator's IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						C. Transporter's ID Number UPW15128811			
6. US EPA ID Number 630-810-0484						D. Transporter's Phone 847 468-6600			
7. Transporter 2 Company Name						E. Transporter's ID Number			
8. US EPA ID Number						F. Transporter's Phone ()			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419						G. Facility's IL ID Number 0310690006			
10. US EPA ID Number ILD980613913						H. Facility's Phone (708) 225-8100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID, N. O. S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)						002	DM	0004.7	G D039
b.									EPA HW Number
c.									EPA HW Number
d.									EPA HW Number
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 M141			
15. Special Handling Instructions and Additional Information SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						0114 100402858 0017046920 0000207512 27			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						A 10070 B C D			
Printed/Typed Name Mark Chapas						Signature <i>Mark Chapas</i>		Date Month Day Year 04/03/01	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name J. Perry						Signature <i>J. Perry</i>		Date Month Day Year 02/03/01	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature		Date Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Carla Mills						Signature <i>Carla Mills</i>		Date Month Day Year 04/05/01	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1-2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

54474-R5732
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

03/10/01 PAGE: 1
10:51:05

GENERATOR NAME: C & C MACH TOOL SERV INC

MANIFEST NO.:

IL 9592867

OR SALES SERVICE NO.:

17046920

CUST#: 0000-2075-12

I, JANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

OR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000

SKDOT#: 0010070

PA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
0039

REATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

100 0-CRESOL
211 PENTACHLOROPHENOL
229 TETRACHLOROETHYLENE
250 CADMIUM
255 LEAD
257 MERCURY - ALL OTHERS
260 SILVER

-----NOTES-----
EXP NOTICE: THIS LDR EXPIRES ON 12/31/2001.

GENERATOR'S AUTHORIZED
SIGNATURE

Mark Chapas
NAME & TITLE
(PRINTED OR TYPED)

4/3/01
DATE

EQ#: 3978 LOC: 503401

TERR: 27 REF#: 17046920 SW: 0114

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER



Col. South Carolina 29201
CUSTOMER NO.

WE CARE

FOR SER	CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SO	ED	REFERENCE NUMBER
847 468-6600	CO RUN		06/02/01	01-14	27		0017046
CREDIT CODE			PREVIOUS BALANCE		BAL OVER 60		
C			336.30				
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	P			
09	0000	N0	0491	C			
LOCATION			TAX EXEMPTION N				
503401							

CUSTOMER
GENERATOR

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

B
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SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT
4/13/01	26598		630-810-0484	14-210-2052	PH				.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) INITIAL	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO.	RELEASE NO.
									CLEAN	SPENT	# OF CONT	SK DOT						
1	0091810	91001048		1	347.70	0.00	347.70	0.00			4	10070		8				
2	00100001		2.9000											0				
3																		
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99																		
100																		

TOTAL-SERVICE/PRODUCTS	347.70	0.00	347.70	0.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES
					MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>
					LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SCR000075150		ILR000040535	0430305252

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	4143059	I CERTIFY THAT MY TOI WASTE STREAMS ARE WITH ONE OF THE FOLLOWING CATEGORIES
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA 3082 PG III 0039	2	47	6	10070		0 TO 220 LBS./MONTH
AQUEOUS PARTS WASHER SOLUTION ERG#176 8.3LBS/GAL						220 LBS. TO 2,200 LBS./MON.
						GREATER THAN 2,200 LBS./MON.

30,17	See Manifest	INITIALS
		INITIALS
		INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC.	USA EPA ID NO.	ILD980613913
633 E 138TH ST	DOLTON, IL 60419	STATE ID NO.	0310690006

PAYMENT SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
			<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
PREVIOUS CREDIT CARD NO.	CREDIT CARD NO.	AMEX VISA MC	EXP. DATE
CUSTOMER REFERENCE			

MANIFEST NO.	IC 9592867
LDR MESSAGE	LDR REQ D
MANIFEST CODE	SEQ #
IL	862

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.
Print Customer Name
Mark Chapas
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	347.70
DO NOT WRITE IN THE AREA BELOW	
0017046920	
0000-2075-12	

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

State Form (LPC 62 6-81) IL502-0010

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR000040535		Manifest Document No. 65988		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				Location If Different 86029		A. Illinois Manifest Document Number IL 9587168 FEE PAID IF APPLICABLE							
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"				630 810-0484		B. Generator's IL ID Number 0430305252							
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC				6. US EPA ID Number SCR000075150		C. Transporter's ID Number UPW15128811							
7. Transporter 2 Company Name Safety Kleen Tot Inc				8. US EPA ID Number SCR00074591		D. Transporter's Phone 847 468-6600							
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419				10. US EPA ID Number ILD980613913		E. Transporter's ID Number UPW2039540H							
						F. Transporter's Phone 708 225-8100							
						G. Facility's IL ID Number 0310690006							
						H. Facility's Phone 708 225-8100							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE, LIQUID, M.O.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)						003 DM		00044		G		EPA HW Number D039	
b.												EPA HW Number	
c.												EPA HW Number	
d.												EPA HW Number	
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 P 386 629 M141							
15. Special Handling Instructions and Additional Information SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						0106 100149091-0005565988 0000207512 27							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						A 10070 B C D							
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Mark Chapus						Signature <i>Mark Chapus</i>						Date Month Day Year 02 26 01	
17. Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year 02 26 01	
Printed/Typed Name MARK SLOWIK						Signature <i>Mark Slowik</i>						Date Month Day Year 02 26 01	
18. Transporter 2 Acknowledgement of Receipt of Materials												Date Month Day Year 227.01	
Printed/Typed Name DAVE CARLIE						Signature <i>Dave Carlie</i>						Date Month Day Year 227.01	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date Month Day Year 02 27 01							
Printed/Typed Name WIMELIE BEEZKE						Signature <i>Wimelie Beezke</i>						Date Month Day Year 02 27 01	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

K54474-R5732
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

01/13/01 PAGE: 1
11:06:16

GENERATOR NAME: C & C MACH TOOL SERV INC
MANIFEST NO.: *FL9587168*
OR SALES SERVICE NO.: *5565908* *P386029*

CUST#: 0000-2075-12

PL SUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION:

100 O-CRESOL
211 PENTACHLOROPHENOL
229 TETRACHLOROETHYLENE
250 CADMIUM
255 LEAD
257 MERCURY - ALL OTHERS
260 SILVER

----- N O T E S -----
EXP NOTICE: THIS LDR EXPIRES ON 12/31/2001.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

212601
DATE

SEQ#: 3940 LOC: 503401

TERR: 27 REF#: 5565908 SW: 0106

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFE



COLUMBIA SOUTH CAROLINA 29201

PLACEMENT FORM

FOR SERVICE CALL

BRANCH MANAGER

17-460-6600 ED OUGLIELMI

10386029

207512

DUNS NO. 05-397-6551

FED. ID NO. 75-2178928

GENERATOR LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

NAME

CFC MACHINE

NAME

DELIVERY ADDRESS

5024 CHASE

DELIVERY ADDRESS

INFORMATION/ATTENTION LINE

INFORMATION/ATTENTION LINE

CITY & STATE

POWERS GROVE IL

CITY & STATE

ZIP

60515-

TAX CODE

ZIP

TAX CODE

NAME	TITLE	SIGN
1.		
2.		

5	LOCATION	01	SIC CODE	
BUSINESS TYPE	CHAIN	ASSOCIATION	SVC. P/C	PROD. P/C
09				
SALES TAX EXEMPTION NUMBER				

DATE PLACED	SALES REP NO.	CUSTOMER'S P.O. NUMBER	BLANKET	TEMPORARY	CUSTOMER PHONE NO.	HANDLING CODE	CREDIT CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
2-26-01	26599				630 810-0484					

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	CLEAN	SOLVENT/DRUMS	CC	SERVICE TERM	SCHEDULE (Y/Y/W)	FREE INV. CODE	PROMO NO.	RELEASE NO.
1			WASTE P/U ONLY												
2															
3															
4															
5															
6															
7															

TOTAL SERVICE/PRODUCTS	REFUSED SERVICE EXPLAIN
------------------------	-------------------------

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
	SCR000075150		

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#128) 6.7#/GAL (D001, D018, D039, D040)				704
B. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (ERG#128) 6.7LBS/GAL (D039)				717
C. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII RO (D001) ERG#128 (6.7#/GL) (D018, D039, D040)				801

HAZARDOUS WASTE, LIQUID, N.O.S. 9A1A 3082 PG III (D0039) (ERG#128) AQUEDUS PARTS WASHER SOLUTION 2 OM 44 G 10070	5103058	5103058	5103058
DESIGNATED FACILITY NAME AND ADDRESS	USA EPA ID NO.	STATE ID NO.	
SAFETY KILLER SYSTEMS 635 E 138TH ST DOLTON IL 60419 (16,28)	1LD980613913	0310692006	

CASH	TOTAL RECEIVED	APPLY PAYMENT TO:	MANIFEST NO.
CHECK NUMBER		TODAY'S SERVICE/SALE	LDR MESSAGE
INVOICE #	AMOUNT \$	PREVIOUS BALANCE AS FOLLOWS	MANIFEST CODE
PREVIOUS CREDIT CARD NO.			SEQ #
CREDIT CARD NO.	AMEX	EXP. DATE	
	VISA		
	MC		
CUSTOMER REFERENCE	IN THE EVENT OF AN EMERGENCY CALL		

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

(This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.)

Print Customer Name: Mark Chapas

By: [Signature] Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE): 4/C

TOTAL DUE: 4/C

DO NOT WRITE IN AREA BELOW

P000386029

026599

PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535	Manifest Document No. 09820		2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				A. Illinois Manifest Document Number IL 9521645 FEE PAID IF APPLICABLE			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*				B. Generator's IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC				C. Transporter's ID Number UPW151299IL			
6. 630 810 0484 US EPA ID Number SCR 000075150				D. (847) 468-6600 Transporter's Phone			
7. Transporter 2 Company Name Safety Kleen Tool Inc				E. Transporter's ID Number UPW2039540H			
8. 15CR000074591 US EPA ID Number				F. 708 225 8100 Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419				G. Facility's IL ID Number 0310690006			
10. ILD 980613913 US EPA ID Number				H. Facility's Phone 708 225-8100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantitv	14. Unit Wt Vol
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)					No. 002	Type DM	00036
b.							EPA HW Number
c.							EPA HW Number
d.							EPA HW Number
J. Additional Description for Materials Listed Above					K. Handling Codes for Wastes Listed Above In Item #14 M141		
15. Special Handling Instructions and Additional Information 0049 099872880 0004909820 0000207512 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Angela Chapas				Signature <i>Angela Chapas</i>		Date 12/15/00	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Steve Aguirre		Signature <i>Steve Aguirre</i>	
				Signature <i>Steve Aguirre</i>		Date 12/15/00	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name Dave Carlile		Signature <i>Dave Carlile</i>	
				Signature <i>Dave Carlile</i>		Date 12/20/00	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name JIMMIE BRBETZKE				Signature <i>Jimmie Brbetzke</i>		Date 12/20/00	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR



1301 Cervais Street - Suite 300
Columbuth Carolina 29201
C OMER NO.



DUNS NO. 05 3976551

FLD ID NO. 39600019

000490

C
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R

0 0 0 0 - 2 0 7 5 - 1 2

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

B
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L
L

FOR SERVICE' L	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHED. TERM	000490
847 46A-6600	ED GUGLIELMI	02/03/01	00-49	27	000490
			CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAY
			C	336.30	
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD.	
09	0000	NO	0491	00	
LOCATION			TAX EXEMPTION NO.		
503401					

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12-15-00	7983		630-810-0484	14-210-2052	PW				.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH DATE (YY MM DD)	INV. CODE	PROMO NO.	RELEASE NO.
1	0041810	9100104A		1	336.30	0.00	336.30	0.00	CLEAN SPENT 4 SK DOT 10070		8					
2	00100001		2.9000								0					
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL-SERVICE/PRODUCTS					336.30	0.00	336.30	0.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
									MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
									LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	SPLINT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
USEPA TRANSPORTER 1 ID NO.		USEPA TRANSPORTER 2 ID NO.		GENERATOR USEPA ID NO.		GENERATOR STATE ID NO.											
SCRO00075150				ILR000040535		0430305252											

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	51130155	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES		
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA 3082 PG III 0039										2	DM	36	G	10070			0 TO 220 LBS/MONTH
A. AQUEOUS PARTS WASHER SOLUTION ERG#172 8.3LBS/GAL																INITIALS	
B. 1730F 18,18																220 LBS TO 2,200 LBS/MONTH	
																INITIALS	
																GREATER THAN 2,200 LBS/MONTH	
																INITIALS	

DESIGNATED FACILITY NAME AND ADDRESS					SAFETY-KLEEN SYSTEMS, INC.					I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS					USA EPA ID NO. IL 6980613913				
633 E 138TH ST					DOLTON, IL 60419										STATE ID NO. 0310690006				

PAYMENT DATE NO. 10-10-00	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
	PREVIOUS CREDIT CARD NO.			

CREDIT CARD NO.	AMEX VISA MC	EXP. DATE

MANIFEST NO. FL9521045	
LDR MESSAGE	
LDR REQ D	
MANIFEST CODE	SEQ #
IL	841

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES, AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Print Customer Name: Anela Chapas

By: Anela Chapas

TOTAL CHARGE (FROM ABOVE)	336.30
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	336.30
DO NOT WRITE IN THE AREA BELOW	
0004909820	
0000-2075-12 -6	

GENERATOR NAME: C & C MACH TOOL SERV INC

MANIFEST NO.:
OR SALES SERVICE NO.:

49521645
4909820

CUST#: 0000-2075-12

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

OR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0010070

HA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
0039

REATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

102 P-CRESOL (DIFFICULT TO DISTINGUISH FROM
M-CRESOL)

118 P-DICHLOROBENZENE

229 TETRACHLOROETHYLENE

237 TRICHLOROETHYLENE

250 CADMIUM

251 CHROMIUM (TOTAL)

255 LEAD

257 MERCURY - ALL OTHERS

34 CHLOROBENZENE

NOTES

EXP NOTICE: THIS LDR EXPIRES ON 12/31/2000.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

EQ#: 5056 LOC: 503401

TERR: 27 REF#: 4909820 SW:

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANS



5-034-01

State Form LPC 62 3/81 IL532-0610

AND SPECIAL WASTE

PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 3024 CHASE RD DOWNERS GROVE IL 60515		4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*	5. US EPA ID Number SCR 000075150	A. Illinois Manifest Document Number IL 9491054	FEE PAID IF APPLICABLE
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC		7. Transporter 2 Company Name	8. US EPA ID Number	C. Transporter's ID Number UPW151288IL	D. 847 468-6600 Transporter's Phone
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419		10. US EPA ID Number ILD 980613913	E. Transporter's ID Number F. () Transporter's Phone G. Facility's IL ID Number 0310690006 H. Facility's Phone 708 225-8100		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt Vol
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION (3.3#/GAL)			COI DM	00030	G
b.					
c.					
d.					
J. Additional Description for Materials Listed Above			K. Handling Codes for Wastes Listed Above In Item #14		
15. Special Handling Instructions and Additional Information 0041 099607375 0004313957 0000207512 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-462-1750 24HR A 10070 B C D					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Date	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Signature		Date	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989 Chapter 111, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 5 GENERATOR MAIL TO IEPA (RCRA HAZARDOUS AND PCB WASTES ONLY)

K54474-R5732
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

08/28/00 PAGE 1
10:45:44

GENERATOR NAME: C & C MACH TOOL SERV INC
MANIFEST NO.:
OR SALES SERVICE NO.:

IL94910S4
4313957

CUST#: 0000-2075-12

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

SKDOT#: 0010070

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

102 P-CRESOL (DIFFICULT TO DISTINGUISH FROM
M-CRESOL)
118 P-DICHLOROBENZENE
129 TETRACHLOROETHYLENE
137 TRICHLOROETHYLENE
150 CADMIUM
151 CHROMIUM (TOTAL)
155 LEAD
157 MERCURY - ALL OTHERS
164 CHLOROBENZENE

-----NOTES-----
EXP NOTICE: THIS LDR EXPIRES ON 12/31/2000.


GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

10 / 9 / 00
DATE

SEQ#: 5365 LOC: 503401

TERR: 27 REF#: 4313957 SW: 0041

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

Columbia, South Carolina 29201
CL IER NO.

WE CARE.

1557 397 00

FILED ID NO. 75 2178928

CUSTOMER

FOR SERVICE C		BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERMINATION	REFERENCE NUMBER
42 462-6600		ED GUGLIELMI	02/09/00	00-41	07	000431395
CREDIT CODE		PREVIOUS BALANCE		BAL. OVER 60 DAYS		
C		453.55		117.25		
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P		
04	0000	00	0491	000		
LOCATION			TAX EXEMPTION NO.			
503400						

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

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SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10-9-00	4742		430-810-0444	14-210-2052		PH			.9675

[illegible]

TOTAL SERVICE/PRODUCTS		336.30	0.00	336.30	0.00	CHECK APPROPRIATE BOXES →	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.		GENERATOR STATE ID NO.			MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>
30100000101010		30100000101010		30100000101010		LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSERVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[illegible]

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC. DOLTON, IL 60419	I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.	USA EPA ID NO.	110480613913
			STATE ID NO.	0310690006

SECTION RECEIVED DATE	CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:	
	CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$		

MANIFEST NO.	
119491054	
LDR MESSAGE	
LDR REQ D	
MANIFEST CODE	SEQ #
11	844

WASTE MATERIALS

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

[Signature] *[Signature]*

Print Name _____

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	336. ²⁰
DO NOT WRITE IN THE AREA BELOW	

CREDIT CARD NO.															AMEX	EXP. DATE	
VISA																	
MC																	

IN THE EVENT OF AN
EMERGENCY CALL

By: [Signature]
Customer's Authorized Representative

0004313957
0000-2575-22 -6

SERVICE AND SALES ACKNOWLEDGMENT



STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 792-6751

State Form LPO 62 9.81 ILS30-0610

FOR SHIPMENT OF HAZARDOUS
AND SPECIAL WASTE

5-034-01

EASE TYPE

(Form designed for use on elite (12 pitch) typewriter)

EPA Form 8700-22 (Rev. 5-89)

Form Approved OMB No. 2050-0039

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

ILR 000040335

Manifest Document No.

06647

2. Page 1

Information in the shaded areas is not
required by Federal law, but is required
of 1 Illinois law.3. Generator's Name and Mailing Address
C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE

Location if Different

IL 60515

A. Illinois Manifest Document Number

IL 9474522 FEE PAID
IF APPLICABLE

B. Generator's IL

ID Number 0430305252

C. Transporter's

ID Number UPW15128811

D. (847) 468-6510 Transporter's Phone

E. Transporter's

ID Number UPWZ0395401

F. 708 225 8100 Transporter's Phone

G. Facility's IL

ID Number 0310690006

H. Facility's Phone

708 225-8100

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*

630 810 0484

5. Transporter 1 Company Name

SAFETY-KLEEN SYSTEMS, INC

5.

US EPA ID Number

SCR 000075150

7. Transporter 2 Company Name

SAFETY-KLEEN SYSTEMS, INC

9.

US EPA ID Number

SCR000075150

9. Designated Facility Name and Site Address

SAFETY-KLEEN SYSTEMS, INC

10.

US EPA ID Number

633 E 138TH ST

DOLTON, IL 60419

ILD 980613913

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total
Quantity14. Unit
Wt/VolI.
Waste No.a. HAZARDOUS WASTE, LIQUID, N.O.S.
9 NA3082 PG III (D039) (ERG#171)
AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)

No. 002

Type DM

0001

G

EPA HW Number
D039

b. EPA HW Number

c. EPA HW Number

d. EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above
In Item #14

M141

15. Special Handling instructions and Additional Information

0033 099337265 0003706647 0000207512 27

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY.
EMERGENCY RESP#800-468-1760 24HR

A

10070 B

C

D

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway
according to applicable international and national government regulations.If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to
be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present
and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and
select the best waste management method that is available to me and that I can afford.

Date

Printed/Typed Name

Signature

Month Day Year

Edward Fuchs

Edward Fuchs

08/602

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

JAMIE A. KELLY

J Kelly

Month Day Year

08/602

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Shane Brown

Shane Brown

Month Day Year

08/600

19. Discrepancy Indication Space



5-034-01

State Form LPC 62 8/81 ILS32-0610

AND OF THE STATE OF ILLINOIS

PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535	Manifest Document No. 94057		2. Page 1 of 1	Information in the shaded areas is required by Federal law, but is required by Illinois law.				
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				Location if Different		A. Illinois Manifest Document Number IL 9203851 FEE PAID IF APPLICABLE				
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*				6. 500-310-0484 US EPA ID Number		B. Generator's IL ID Number 10430305252				
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC				6. SCR 000075150		C. Transporter's ID Number UPW1512881L				
7. Transporter 2 Company Name Safety Kleen (to) Inc				3. ISCR000074591		D. 847 468-6510 Transporter's Phone				
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419				10. ILD 980613913		E. Transporter's ID Number UPW2032540H				
						F. 708 225 8100 Transporter's Phone				
						G. Facility's IL ID Number 0310690006				
						H. Facility's Phone 708 225-8100				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)						002 DM	00045	G	EPA HW Number D039	
b.									EPA HW Number	
c.									EPA HW Number	
d.									EPA HW Number	
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 M141				
15. Special Handling Instructions and Additional Information SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						0025 99064893 0003094057 0000207512 27				
						A 10070 B C D				
*6. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Angie CHAPAS						Signature <i>Angie Chapas</i>		Date 6/27/94		
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name D. SALVINO		Signature <i>D. Salvino</i>		Date 6/27/94
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name Diana Brown		Signature <i>Diana Brown</i>		Date 06/28/94
19. Discrepancy Indication Space CHANGED LINE 12A TO READ "2"										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name Carla Mills		Signature <i>Carla Mills</i>		Date 6/28/94

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR



Columbia, South Carolina 29201
CL MER NO



FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TIME	REFERENCE NUMBER
847 46A-6410	ED GUGLIEMMI	08/19/00	08-25	27	000309405
			CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAYS
			C	349.25	10.05
BUSINESS TYPE	CHAIN	OUTER COUNTRY	SVC. P/C	PROD	
09	NO	NO	691	07	
LOCATION			TAX EXEMPTION NO.		
503401					

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C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

SERVICE DATE	SALES REP NO	CUSTOMER P O NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
623-00	3174		630-810-0484	14-210-2052	PW				.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO.	RELEASE NO.
1	0091810	9100104A		1	336.30	0.00	336.30	0.00	CLEAN SPENT		8					
2	00100001		2.9000						# OF CWT							
3									SK DOT							
4																
5																
6																
7																
8																
9																
0																
1																
2																

TOTAL-SERVICE/PRODUCTS					336.30	0.00	336.30	0.00	CHECK APPROPRIATE BOXES		GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO	
									MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
USEPA TRANSPORTER 1 ID NO.					USEPA TRANSPORTER 2 ID NO.					GENERATOR USEPA ID NO.					GENERATOR STATE ID NO.				
50000075150										ILR000040535					0420305252				

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)										12 CONTAINERS NO	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	5113055	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES	
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA 3082 PG III (0039)										2	45	G	10070		2	0 TO 220 LBS/MONTH
AQUEOUS PARTS WASHER SOLUTION (EPCW171) (P. 3 LBS/GAL)																INITIALS
																220 LBS TO 2,200 LBS/MONTH
																INITIALS
																GREATER THAN 2,200 LBS/MONTH
																INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC.	I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS	USA EPA ID NO.	IL0900613913
633 E 138TH ST	DOLTON, IL 60419		STATE ID NO.	0310690006

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
	PREVIOUS CREDIT CARD NO			
CREDIT CARD NO		AMEX VISA MC	EXP DATE	
CUSTOMER REFERENCE				

MANIFEST NO.	
109203851	
LDR MESSAGE	
LDR REC'D	
MANIFEST CODE	SEQ #
IL	020

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Angie Chapas
Print Customer Name

By: Angie Chapas
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	339.25
DO NOT WRITE IN THE AREA BELOW	

0003094052
0000-2075-12 -6



1501 Cervais Street Suite 300
Columbia South Carolina 29201
CUMER NO.



FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERM	REFERENCE NUMBER
847 468-6510	ED GUGLIFLMI	06/24/00	07-17	04	00024281

0	0	0	0	-	9	4	5	5	-	9	3
---	---	---	---	---	---	---	---	---	---	---	---

C E C MACHINE TOOL SVC
5024 CHASE AVE
DOWNERS GROVE, IL 60515

B
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L
L

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAY		
C	439.05	220.00		
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD.
07	NO	NO	076	0
LOCATION		TAX EXEMPTION NO.		
503401				

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4-24-00	4715		630-810-0484	14-210-2052	PR				.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS		CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SK DOT (WEEKS)	WV CODE	PROMO NO.
1	0170700	07013473		1	219.05	0.00	219.05	0.00	XX	XX	L	1165A				
2	01100001		2.9000		2.90		2.90		XX	XX						
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL-SERVICE/PRODUCTS				219.05	0.00	219.05	0.00	CHECK APPROPRIATE BOXES		GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO		
USEPA TRANSPORTER 1 ID NO.				USEPA TRANSPORTER 2 ID NO.				GENERATOR USEPA ID NO.				GENERATOR STATE ID NO.				MACHINE CONDITION & CLEANLINESS			
110984908202								CFS00								LAMP ASSEMBLY CONDITION			

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES			
WASTE PAINT RELATED MATERIAL, 3 UNITS (ERG#127)										1	4	C	1165A	0 TO 220 LBS/MONTH			
2.2#/GAL (F005F00300010018003500340040)														INITIALS			
														220 LBS TO 2,200 LBS/MONTH			
														INITIALS			
														GREATER THAN 2,200 LBS/MONTH			
														INITIALS			

DESIGNATED FACILITY NAME AND ADDRESS				SAFFTY KLFEN SYSTEMS INC				I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS				USA EPA ID NO. 110000805411			
1500 E VILLA ST				FLCIN				IL 60120				STATE ID NO. 0014380011			

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:		
	CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS		
	INVOICE #		AMOUNT \$		INVOICE #		
PREVIOUS CREDIT CARD NO.	CREDIT CARD NO.		EXP. DATE		AMEX VISA MC		
CUSTOMER REFERENCE							

MANIFEST NO. XXXXX	
LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
OP	112

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS	
Print Customer Name	
Mark Caplan	
Customer's Authorized Representative	

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN (FROM ABOVE)	
TOTAL DUE	221.95
DO NOT WRITE IN THE AREA BELOW	
0072428125	
0000-9455-97 -2	

IN THE EVENT OF AN EMERGENCY CALL	
-----------------------------------	--



STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS
AND SPECIAL WASTE

5-034-01

State Form LPC 62 9/81 ILS32-0610

LEASE TYPE

(Form designed for use on elite (12 pitch) typewriter)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535	Manifest Document No. 54054	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515		Location if Different		A. Illinois Manifest Document Number IL 9195325 FEE PAID IF APPLICABLE		
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*		6. 630 810-0484 US EPA ID Number		B. Generator's IL ID Number 0430305252		
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC		8. ILD 984908202 US EPA ID Number		C. Transporter's ID Number UPW151288IL		
7. Transporter 2 Company Name Safety Kleen for Inc		8. ISCR00074591 US EPA ID Number		D. 847 468-6510 Transporter's Phone		
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419		10. ILD 980613913 US EPA ID Number		E. Transporter's ID Number UPW2039540H		
				F. 708 225 8100 Transporter's Phone		
				G. Facility's IL ID Number 0310690006		
				H. Facility's Phone 708 225-8100		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)		No. 002 Type DM	00043	G	EPA HW Number D039	
b.					EPA HW Number	
c.					EPA HW Number	
d.					EPA HW Number	
J. Additional Description for Materials Listed Above		K. Handling Codes for Wastes Listed Above In Item #14 M141				
15. Special Handling Instructions and Additional Information 0017 98783707 0002454054 0000207512 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Mark Chapas		Signature <i>Mark Chapas</i>		Date 04 24 00		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Patricia M. McPhee</i>		Date 04 24 00		
Printed/Typed Name PATRICIA M. MCPHEE		Signature <i>Patricia M. McPhee</i>		Date 04 25 00		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>Mark Chapas</i>		Date 04 25 00		
Printed/Typed Name Mark Chapas		Signature <i>Mark Chapas</i>		Date 04 25 00		



C MER NO.

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRIT	REFERENCE NUMBER
847 468-6510	ED GUGLIFLMI	01/24/00	00-17	27	000245405
			CREDIT CODE	PREVIOUS BALANCE	BAL OVER 80 DAYS
			C	337.55	10.05
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD	
174	NO	NO	1.91	0	
LOCATION			TAX EXEMPTION NO.		
507401					

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNS GROVE IL 60515

B I L L

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
			630-810-0484	14-210-2052		PN			0.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS				CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO.	RELEASE NO.
1	0091810	91001048		1	336.30	0.00	336.30	0.00	CLEAN	SPENT	2 OF 4	SK DOT							
2	00100001		2.9000																
3																			
4																			
5																			
6																			
7																			
8																			
9																			
0																			
1																			
2																			

TOTAL-SERVICE/PRODUCTS				336.30	0.00	336.30	0.00	CHECK APPROPRIATE BOXES		GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
USEPA TRANSPORTER 1 ID NO.		USEPA TRANSPORTER 2 ID NO.		GENERATOR USEPA ID NO.		GENERATOR STATE ID NO.		MACHINE CONDITION & CLEANLINESS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1109A490A202				1LR000040535		0430305252		LAMP ASSEMBLY CONDITION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	15. INITIALS	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES	
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA0002 PG III (0039)(ERG#172) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)										2	43	G	10070	2	0 TO 220 LBS/MONTH	
															INITIALS	
															220 LBS. TO 2,200 LBS/MONTH	
															INITIALS	
															GREATER THAN 2,200 LBS/MONTH	
															INITIALS	

DESIGNATED FACILITY NAME AND ADDRESS		SAFETY-KLEEN SYSTEMS, INC.		I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.		USA EPA ID NO.	
633 E 138TH ST		DOLTON, IL 60419				1109A490A202	
						STATE ID NO.	
						0110640006	

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	
			<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$	
PREVIOUS CREDIT CARD NO.				
CREDIT CARD NO.		AMEX VISA MC	EXP. DATE	

MANIFEST NO.	
109195375	
LDR MESSAGE	
LDR REQ'D	
MANIFEST CODE	SEQ #
IL	827

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name *X M A*

By: *X M A* Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	
DO NOT WRITE IN THE AREA BELOW	
0002454054	
0002-2075-12	

CUSTOMER REFERENCE

IN THE EVENT OF AN EMERGENCY CALL

54474-R0702

LOCATION: 503401

LDR NOTIFICATION FORM

12:52:46

GENERATOR NAME: C & C MACH TOOL SERV INC

MANIFEST NO.:

OR SALES SERVICE NO.:

2454054

CUST#: 0000-2075-12

I, JANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.:

0000

SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):

D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

102 P-CRESOL (DIFFICULT TO DISTINGUISH FROM
M-CRESOL)

118 P-DICHLOROBENZENE

229 TETRACHLOROETHYLENE

237 TRICHLOROETHYLENE

250 CADMIUM

251 CHROMIUM (TOTAL)

255 LEAD

257 MERCURY - ALL OTHERS

84 CHLOROETHYLENE

-----N O T E S-----

EXP NOTICE: THIS LDR EXPIRES ON 12/31/2000

GENERATOR'S AUTHORIZED
SIGNATURENAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 3895 LOC: 503401

TERR: 27 REF#: 2454054 SW: 0017

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 33142		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by Illinois law	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNS GROVE						Location if Different IL 60515			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 810-0484						A. Illinois Manifest Document Number IL 9222377 FEE PAID IF APPLICABLE			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						B. Generator's IL ID Number 0430305252			
6. Transporter 1 US EPA ID Number ILD 984908202						C. Transporter's ID Number UPW15:298IL			
7. Transporter 2 Company Name Safety Kleen (to) Inc						D. (847) 468-6510 Transporter's Phone			
8. Transporter 2 US EPA ID Number ISCR00074591						E. Transporter's ID Number UR22039540H			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST						F. 708 849-4850 Facility's Phone			
10. Designated Facility US EPA ID Number ILD 980613913						G. Facility's IL ID Number 0310690006			
H. Facility's Phone 708 849-4850									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEDUS PARTS WASHER SOLUTION (8.3#/GAL)						No. 001 Type DM		Unit G	
b.								EPA HW Number D039	
c.								EPA HW Number	
d.								EPA HW Number	
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 M/41			
15. Special Handling Instructions and Additional Information SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						0009 98505656 0001833142 0000207512 27 A: 10070 B: C: D:			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.									
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Angey Chapas						Signature Angey Chapas		Date 05/25/00	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Michael Schum		Signature Michael Schum	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name Angey Chapas		Signature Angey Chapas	
19. Discrepancy Indication Space								Date 03/07/00	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name C. Mills		Signature C. Mills	
								Date 05/07/00	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

54474-R5732
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

02/07/00 PAGE:
12:33:37

GENERATOR NAME: C & C MACH TOOL SERV INC
MANIFEST NO.:
OR SALES SERVICE NO.:

49222377
1833142

CUST#: 0000-2075-12

IN ACCORDANCE TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
HAZARDOUS MATERIALS RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

REATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION: NONE

NOTES
EXP NOTICE: THIS LDR EXPIRES ON 12/31/2000.

GENERATOR'S AUTHORIZED SIGNATURE: *[Signature]* NAME & TITLE (PRINTED OR TYPED): DATE: 3, 3, 00

PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter)

EPA Form 8700-22 (Rev. 6-89)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 06565		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 9216543 FEE PAID IF APPLICABLE			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS*						B. Generator's IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						C. Transporter's ID Number UPW151288IL			
6. 630 810-0484 US EPA ID Number ILD 984908202						D. 847 468-6510 Transporter's Phone			
7. Transporter 2 Company Name Safety-Kleen (to) INC						E. Transporter's ID Number UPW2039540H			
8. SCR000074591 US EPA ID Number						F. 708 849 99475 Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419						G. Facility's IL ID Number 0310690006			
10. ILD 980613913 US EPA ID Number						H. Facility's Phone 708 849-4850			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
						No. Type		Unit Wt/Vol	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION (8.3#/GAL)						002 DM		00035 G	
b.								EPA HW Number	
c.								EPA HW Number	
d.								EPA HW Number	
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 M141			
15. Special Handling Instructions and Additional Information 9950 98123726 0000806565 0000207512 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						A: 10070 B: C: D:			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. - If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Date			
Printed/Typed Name Mark Chapas						Signature <i>Mark Chapas</i>		Month Day Year 01 06 00	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date			
Printed/Typed Name JOHN JASPER						Signature <i>John Jasper</i>		Month Day Year 01 06 00	
18. Transporter 2 Acknowledgement of Receipt of Materials						Date			
Printed/Typed Name Diane Warren						Signature <i>Diane Warren</i>		Month Day Year 01 09 00	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date			
Printed/Typed Name PEANUA						Signature <i>PEANUA</i>		Month Day Year 01 09 00	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Sections 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

AS4474-RS/32
LOCATION: 503401

SAFETY-KLEEN
LDR NOTIFICATION FORM

11/22/99 PAGE:
10:59:42

GENERATOR NAME: C & C MACH TOOL SERV INC

MANIFEST NO.:

OR SALES SERVICE NO.:

806565

CUST#: 0000-2075-12

P. SUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
W. TE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000

SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSITITUENT NOTIFICATION: NONE

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 4772 LOC: 503401

TERR: 27 REF#: 806565 SW: 9950

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFE

REFERENCE

503406	
--------	--

B
I
L
L

ORDER REFERENCE NUMBER: _____
 EMERGENCY CALL: 1-800-468-1760 (24 hours)
 Customer's Authorized Representative: _____
 THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 92377		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by Illinois law.	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 9034653 FEE PAID IF APPLICABLE			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 630 810-0484						B. Generators IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						C. Transporters ID Number UPW151288IL			
6. US EPA ID Number ILD 984908202						D. (847) 468-6510 Transporters Phone			
7. Transporter 2 Company Name SAFETY-Kleen (TG) Inc						E. Transporters ID Number UPW2039540H			
8. US EPA ID Number ILD 987574647						F. (708) 849-9475 Transporters Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419						G. Facility's IL ID Number 0310690006			
10. US EPA ID Number ILD 980613913						H. Facility's Phone 708 849-4850			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION						No. 002 Type DM		G 00034	
b.								EPA HW Number	
c.								EPA HW Number	
d.								EPA HW Number	
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 M141			
15. Special Handling Instructions and Additional Information SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						994 10978183105 0000292377 5034012453 27 A: 10070 B: C: D:			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Angela Chapas						Signature <i>Angela Chapas</i>		Date 10/22/99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Chris Snell						Signature <i>Chris Snell</i>		Date 10/22/99	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Chris Brown						Signature <i>Chris Brown</i>		Date 10/26/99	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name V. White						Signature <i>V. White</i>		Date 10/26/99	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, Section 1034 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

454474-R5/32
LOCATION: 503401

SAFETY/HAZARD
LDR NOTIFICATION FORM

19:16:49

GENERATOR NAME: C & C MACH TOOL SERV INC
MANIFEST NO.:
OR SALES SERVICE NO.:

119034653
292377

CUST#: 5-034-01-2453

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000

SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION: NONE

NOTES
EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 7066 LOC: 503401

TERR: 27 REF#: 292377 SW: 9941

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER



Columbia, South Carolina 29201

C MER NO.

WE CARE

FOR SERVICE CALL

BRANCH MANAGER

DOC. EXP.

SCHEDULED SERVICE WEEK

SCHEDULED TERRIT

REFERENCE NUMBER

347 46A-6.10

ED GUGLIFLMI

12/11/99

99-41

27

292377

5 - 0 3 4 - 0 1 - 2 4 5 3

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

BILL

CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAY
C	317.48	4.99
BUSINESS TYPE	CHAIN	OUTER COUNTY
09	NO	NO
SVC. P/C	49L	00
LOCATION	TAX EXEMPTION NO.	
503401		

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10/2/99	0510		630-810-0484	14-210-2052					.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE \$/DATE (Y W)	HW CODE	PROMO NO.	RELEASE NO.
1	0091A10	91001048		1	327.50	0.00	327.50	0.00	CLEAN SPENT # OF CONT SK DOT		8					
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL-SERVICE/PRODUCTS				327.50	0.00	327.50	0.00	CHECK APPROPRIATE BOXES	MACHINE CONDITION & CLEANLINESS	GOOD POOR	DECALS IN PLACE AND LEGIBLE	YES NO	MACHINE PROPERLY GROUNDED	YES NO	
USEPA TRANSPORTER 1 ID NO.				USEPA TRANSPORTER 2 ID NO.				GENERATOR USEPA ID NO.				GENERATOR STATE ID NO.			
1L0984908202				1LR0000040535				0430305252							

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)										12 CONTAINERS NO	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	5663055	1 CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES	
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION										2	QM	34	G	10070	2	0 TO 220 LBS./MONTH
16, 18															INITIALS	
															220 LBS. TO 2 200 LBS./MONTH	
															INITIALS	
															GREATER THAN 2 200 LBS./MONTH	
															INITIALS	

DESIGNATED FACILITY NAME AND ADDRESS				SAFETY-KLEEN SYSTEMS, INC.				I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS				USA EPA ID NO. 1L0980613913			
633 E 138TH ST				DOLTON, IL 60419								STATE ID NO. 0310690006			

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
	PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.		AMEX. VISA MC		EXP. DATE
CUSTOMER REFERENCE				

MANIFEST NO. 119034053	
LDR MESSAGE	
LDR REQ'D	
MANIFEST CODE	SEQ #
1L	552
IN THE EVENT OF AN EMERGENCY CALL	

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.	
Print Customer Name	
By <i>Regina Chana</i>	
Customer's Authorized Representative	

TOTAL CHARGE (FROM ABOVE)	327
WASTE MIN (FROM ABOVE)	
TOTAL DUE	327
DO NOT WRITE IN THE AREA BELOW	
292377	
5-034-71-2453-7	

5-034-01

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 43140		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8917414			
4. Generator's Phone (630) 810-0484						B. Generator's IL ID Number 6436305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC				6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID UPW151288IL			
7. Transporter 2 Company Name Safety Kleen (To) Inc				8. US EPA ID Number ISC0981514647		D. 847 468-6510 Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON IL 60419				10. US EPA ID Number ILD 980613913		E. Illinois Transporter's ID UPW 8039540H			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION						12. Containers No. 001 Type DM		13. Total Quantity 00026	
						14. Unit G		15. Waste No. D039	
								EPA HW Number	
								EPA HW Number	
								EPA HW Number	
								EPA HW Number	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above in Item #14 M141			
15. Special Handling Instructions and Additional Information 9933 5735-2311 0000243140 5034012453 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Mark Chapas				Signature <i>Mark Chapas</i>				DATE Month 08 Day 17 Year 99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Chris Snel				Signature <i>Chris Snel</i>				DATE Month 08 Day 17 Year 99	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Diane Hammond				Signature <i>Diane Hammond</i>				DATE Month 08 Day 22 Year 99	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.								DATE	
Printed/Typed Name V. White				Signature <i>V. White</i>				Month 8 Day 22 Year 99	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 1002, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

LOCATION: 000001

ENVIRONMENTAL PROTECTION FORM

DATE: 8-17-99

GENERATOR NAME: C & C MACH TOOL SERV INC

MANIFEST NO.:

OR SALES SERVICE NO.:

243140

CUST#: 5-034-01-2453

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
SITE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.:

0000

SKDOT#: 0010070

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):

D039

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION: NONE

8-17-99

NOTES

EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 6814 LOC: 503401

TERR: 27 REF#: 243140 SW: 9933

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 71591		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8914053 MANIFEST FEE PAID							
4. Generator's Phone () 630 1810-0484						B. Generator's IL ID Number 0430305252							
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						C. Illinois Transporter's ID UPW151288IL							
6. US EPA ID Number ILD 984908202						D. () 847 468-6510 Transporter's Phone							
7. Transporter 2 Company Name Safety Kleen (G) INC						E. Illinois Transporter's ID 03039540H							
8. US EPA ID Number SCD987574647						F. () 10 8 849999 Transporter's Phone							
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419						G. Facility's IL ID Number							
10. US EPA ID Number ILD 980613913						H. Facility's Phone 708 849-4850							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No. -	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION						002 DM		00033		G		EPA HW Number D039	
b.												EPA HW Number	
c.												EPA HW Number	
d.												EPA HW Number	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above in Item #14 MO94							
15. Special Handling Instructions and Additional Information SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						9925 97286401 0000371591 5034012453 27 A: 10070 B: C: D:							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										DATE			
Printed/Typed Name Mark Chapay						Signature Mark Chapay				Month Day Year 06/21/97			
17. Transporter 1 Acknowledgement of Receipt of Materials						DATE							
Printed/Typed Name Chris Snell						Signature Chris Snell				Month Day Year 06/21/97			
18. Transporter 2 Acknowledgement of Receipt of Materials						DATE							
Printed/Typed Name Dave Carlite						Signature Dave Carlite				Month Day Year 6/23/97			
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19										DATE			
Printed/Typed Name Dana Shire						Signature Dana Shire				Month Day Year 06/23/97			

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 1002, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1, TSD MAIL TO GENERATOR

LOCATION: 503401

LDR NOTIFICATION FORM

19:08:37

GENERATOR NAME: C & C MACH TOOL SERV INC

MANIFEST NO.:

OR SALES SERVICE NO.:

371591

CUST#: 5-034-01-2453

QUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
E RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

DR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDDOT#: 0010070

PA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

REATABILITY GROUP: NONWASTEWATERS

ASTE CONSITITUENT NOTIFICATION - LEGEND CONSITITUENT#NONE

6/21/99

XP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

E. RATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

EQ#: 6216 LOC: 503401

TERR: 27 REF#: 371591 SW: 9925

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFE

C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515										B I T O L										FOR SERVICE CALL 947-468-2040 ED CUGLIELMI 10/21/99										DOC. EXP. 99-25 27 37159L										SERVICE WEEK 99-25 27 37159L										TERRITORY 27 37159L										NUMBER 37159L																																																																																																																							
CREDIT CODE C 372.41										PREVIOUS BALANCE 4.91										BUSINESS TYPE 09 NO										CHAIN NO										OUTER COUNTY NO										SVC. P/C 491										PROD 01										LOCATION 503401										TAX EXEMPTION NO.																																																																																																			
SERVICE DATE 10/21/99										SALES REP NO. 0510										CUSTOMER P.O. NUMBER										CUSTOMER PHONE # 330-610-0484										TAX CODE 14-210-2052										HANDLING CODE										ASSOC. CODE										SERVICE TAX										C.O.M.S. TAX										PRODUCT TAX .0675																																																																																									
DEPT 00										SERVICE/PRODUCT 1810										SERIAL NUMBER 91001048										REMARKS/UNIT PRICE										QUAN 1										CHARGE 327.50										SALES TAX 0.00										TOTAL CHARGE 327.50										WASTE MIN 0.00										SOLVENT/DRUMS CLEAN/SPENT 4										SK DOT 10070										CC 8										SERVICE TERM 8										CHANGE SERVICE TERM (WEEKS) (INITIAL)										CHANGE SCH DATE (YY MM)										INV. CODE										PROMO NO.										RELEASE NO.									
TOTAL SERVICE/PRODUCTS										327.50										0.00										327.50										0.00										CHECK APPROPRIATE BOXES MACHINE CONDITION & CLEANNESS LAMP ASSEMBLY CONDITION										GOOD POOR										DECALS IN PLACE AND LEGIBLE FUSIBLE LINK INSTALLED EMERGENCY CLOSING OF LID UNOBSTRUCTED										YES NO										MACHINE PROPERLY GROUNDED LOCAL PHONE NO. STICKER AFFIXED TO MACHINE SPENT SOLVENT MEETS ACCEPTANCE CRITERIA										YES NO																																																																															
USEPA TRANSPORTER 1 ID NO. 110984908202										USEPA TRANSPORTER 2 ID NO.										GENERATOR USEPA ID NO. 110984908202										GENERATOR STATE ID NO. 0430305252										11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (0039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION										12. CONTAINERS NO. TYPE 2 DM										13. TOTAL QUANTITY 33										14. UNIT WT/VOL G										SK DOT NUMBER 10070										5163055										I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES 0 TO 220 LBS/MONTH 220 LBS TO 2200 LBS/MONTH GREATER THAN 2200 LBS/MONTH																																																																															
DESIGNATED FACILITY NAME AND ADDRESS 633 E 138TH ST DOLTON, IL 60419										SAFETY-KLEEN SYSTEMS, INC.										USA EPA ID NO. 110984908202										STATE ID NO. 0110690006										TOTAL CHARGE (FROM ABOVE) 327.50										WASTE MIN. (FROM ABOVE) 327.50										TOTAL DUE 327.50										DO NOT WRITE IN THE AREA BELOW 37159L 5-034-01-2453-3																																																																																																													
CASH CHECK NUMBER INVOICE # AMOUNT \$ INVOICE # AMOUNT \$ PREVIOUS CREDIT CARD NO.										TOTAL RECEIVED APPLY PAYMENT TO: TODAY'S SERVICE/SALE PREVIOUS BALANCE AS FOLLOWS										MANIFEST NO. 118919053 LDR MESSAGE LDR REQ'D MANIFEST CODE IL SEQ # 528										I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS ONLY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS. (This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.) Mark Chapas Print Customer Name By: Mark Chapas Customer's Authorized Representative										THIS AGREEMENT CONTINUES ON THE REVERSE SIDE																																																																																																																																											



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form approved OMB No. 2550-0029

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CESOC	Manifest Document No. 322401	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address C E C MACHINE TOOL SVC 5024 CHASE AVE DOWNERS GROVE 630 810-0484			A. State Manifest Document Number SK- 936992		B. State Generator's ID 99917	
4. Generator's Phone			C. State Transporter's ID 88888		D. Transporter's Phone 847 468-6560	
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC			6. US EPA ID Number ILD 984908202		E. State Transporter's ID 41747	
7. Transporter 2 Company Name SAFETY-KLEEN (TG), INC			8. US EPA ID Number SCD 987574647		F. Transporter's Phone 864 576-1085	
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 1722 COOPER CREEK ROAD DENTON, TX 76208			10. US EPA ID Number TXD 077603371		G. State Facility ID 65124	
			H. Facility's Phone 940 483-5200			
11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)	12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
X	a. HAZARDOUS WASTE, SOLID, N.O.S. 9 NA3077 PG III (D007)(ERG+171) PAINT BOOTH FILTERS	101 DM	10030 P		OUTS310H	
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above IA) D007			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information 932401 MFST R/T# 97168904 5-034-41-3042 EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTH'D TO USE THESE SUBSEQUENT CARRIERS: 81300, 40355, 41015, 40582 SKDOT# A: 638 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Angela Chapas		Signature <i>Angela Chapas</i>		Month Day Year 5/6/99		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Jon Morris</i>		Date 5/6/99		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature <i>Diane Harrison</i>		Date 10/09/99		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name R Anderson		Signature <i>R Anderson</i>		Date 5/2/99		

**UNIFORM HAZARDOUS
WASTE MANIFEST**
(Continuation Sheet)

21. Generator's US EPA ID No.

Manifest Document No.

22. Page
of 2Information in the shaded areas
is not required by Federal law.

23. Generator's Name and Mailing Address

CEC Machine TOOL SVC
5024 Ching Ave
Downers Grove IL 60515

L. State Manifest Document Number

SK 936992

M. State Generator's ID

24. Transporter Company Name

25. US EPA ID Number

TRI STATE MOTOR TRANSIT CO

W00 095039998

N. State Transporter's ID

O. Transporter's Phone

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID 800-234-8768

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

29. Containers
No. Type30.
Total
Quantity31.
Unit
Wt/VolR.
Waste No.

HM

a.

RIDER MANIFEST FOR TRANSPORTATION ONLY

b.

c.

d.

e.

f.

g.

h.

i.

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year
05 10 99

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space

GENERATOR

TRANSPORTER

FACILITY

Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief Information Officer, Office of Management and Budget, Washington, DC 20503. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief Information Officer, Office of Management and Budget, Washington, DC 20503.

GENERATOR NAME: C E C MACHINE TOOL SVC

MANIFEST NO.:
OR SALES SERVICE NO.:

0

GENERATOR FED EPA ID: CESQG

CUST#: 5-034-41-3042

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

LDR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO. 000

SKDOT#: 0000638

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D007

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION - LEGEND CONSTITUENT#:
NONE

5699

-----NOTES-----
EXP NOTICE: THIS LDR EXPIRES ON 12/31/1999.

GENERATOR'S AUTHORIZED
SIGNATURE

NAME & TITLE
(PRINTED OR TYPED)

DATE

SEQ#: 1380669 LOC: 0

TERR:

REF#:

0 SW:

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER



5-034-01

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 21076		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8888360							
4. Generator's Phone (630) 810-0484						B. Generator's IL ID Number 0420305252							
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						C. Illinois Transporter's ID QPW151288IL							
6. US EPA ID Number ILD 984908202						D. 847) 468-6310 Transporter's Phone							
7. Transporter 2 Company Name						E. Illinois Transporter's ID							
8. US EPA ID Number						F. () Transporter's Phone							
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON IL 60419						G. Facility's IL ID Number 0310690006							
10. US EPA ID Number ILD 980613913						H. Facility's Phone 708 849-4850							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. HAZARDOUS WASTE, LIQUID, N.C.S. 9 NA3082 PG III (D039) (ERG#171) AQUEOUS PARTS WASHER SOLUTION						No. 1 Type DM		0030		G		EPA HW Number D039	
b.												EPA HW Number	
c.												EPA HW Number	
d.												EPA HW Number	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above in Item #14							
15. Special Handling Instructions and Additional Information 9917 97013297 0000121076 5034012453 27 SM AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10070 B: C: D:													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name										Signature		DATE Month Day Year 04/11/11	
17. Transporter 1 Acknowledgement of Receipt of Materials										Signature		DATE Month Day Year 04/11/11	
18. Transporter 2 Acknowledgement of Receipt of Materials										Signature		DATE Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19										Signature		DATE Month Day Year	

LOCATION: 503401 LAND DISPOSAL RESTRICTION NOTICE

19:26:15

TO: SAFETY-KLEEN SYSTEMS, INC.

EPA ID NO. ILD980613913
(DESIGNATED FACILITY)633 E 130TH ST
DOLTON, IL 60419

IN MANIFEST/SALES SERVICE NUMBER *IL 60419* THE GENERATOR NOTED BELOW
IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268.
IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE
THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE
KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

LDR FORM LINE NO.: 1

SK PROFILE NO.: 000

WASTE NAME: AQUEOUS SOLUTION PARTS WASHER D039
HAZARDOUS WASTE CODES: D039

SKDOT#: 0010070

TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

4.29.99

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

***** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATMENT MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/99.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR000040535

SEQ#: 514 LOC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 121076 SW: 9917

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

CUSTOMER NO. 5-034-01-2453 442 468-0 ED GUGLIELMI 06/26/99 99-12 27 121076

C & C MACH TOOL SERV. INC
5024 CHASE RD
DOWNERS GROVE IL 60515

B I L L

CREDIT CODE C PREVIOUS BALANCE 459.91 BAL OVER 60 DAY 322.00
BUSINESS TYPE 09 CHAIN NO OUTER COUNTY NO SVC FIC 491 PROD 01
LOCATION 503401 TAX EXEMPTION NO

SERVICE DATE 9/29/99 SALES REP NO 559 CUSTOMER P.O. NUMBER 630-810-0484 CUSTOMER PHONE # 630-810-0484 TAX CODE 14-210-2052 HANDLING CODE ASSOC CODE SERVICE TAX C.O.M.S. TAX PRODUCT TAX .0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH DATE (MT WW)	INV CODE	PROMO NO	RELEASE NO.
1	0091810	91001048		1	327.50	0.00	327.50	0.00	CLEAN SPENT 4 10070		8					
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL SERVICE/PRODUCTS 327.50 0.00 327.50 0.00

USEPA TRANSPORTER 1 ID NO. 110984908202 USEPA TRANSPORTER 2 ID NO. 118000040535 GENERATOR USEPA ID NO. 0430305252 GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID) HAZARDOUS WASTE, LIQUID, N.O.S. 7 NA3082 PG III (0039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION

12 CONTAINERS NO. 1 TYPE DM TOTAL QUANTITY 20 14 UNIT WT/VOL G SK DOT NUMBER 60070

15 CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES 0 TO 220 LBS /MONTH INITIALS 220 LBS TO 2,200 LBS /MONTH INITIALS GREATER THAN 2,200 LBS /MONTH INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN SYSTEMS, INC. 633 E 138TH ST DOLTON, IL 60419

USA EPA ID NO. 110980613911 STATE ID NO. 1110690006

CASH CHECK NUMBER TOTAL RECEIVED APPLY PAYMENT TO: TODAY'S SERVICE/SALE PREVIOUS BALANCE AS FOLLOWS

INVOICE # AMOUNT \$ INVOICE # AMOUNT \$

PREVIOUS CREDIT CARD NO. CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO. 118888360 LDR MESSAGE LDR REQ'D

MANIFEST CODE IL SEQ # 542

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Print Customer Name Adam D. Smith

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE) TOTAL CHARGE (FROM ABOVE) TOTAL DUE 327.50

DO NOT WRITE IN THE AREA BELOW

121076 5-014-46-2453-1

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE



NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535	Manifest Document No. 44696		2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				A. Illinois Manifest Document Number IL 8415887		MANIFEST FEE PAID	
4. Generator's Phone (630) 810-0484				B. Generator's IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC				6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID UPW01512880H	
7. Transporter 2 Company Name Safety Kleen (G) INC				8. US EPA ID Number SCD987574647		D. 847) 468-6510 Transporter's Phone	
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419				10. US EPA ID Number ILD 980613913		E. Illinois Transporter's ID UPW02039540H	
				F. 708 849-4850 Transporter's Phone		G. Facility's IL ID Number 03106900065	
				H. Facility's Phone 708 849-4850			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION				002 DM	00036	G	EPA HW Number D039
b.							EPA HW Number
c.							EPA HW Number
d.							EPA HW Number
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above in Item #14 M124			
15. Special Handling Instructions and Additional Information 9909 96740365 0000444696 5034012453 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10070 B: C: D:							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name x Angela Chapas				Signature x Angela Chapas		DATE Month Day Year 03/03/99	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature ANDREW ALTMAN		DATE Month Day Year 03/03/99	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature Dave Carlile		DATE Month Day Year 3/8/99	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19				Signature ESTHER MIKULA		DATE Month Day Year 3/8/99	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 1002, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TO: SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON,

EPA ID NO. ILD980613913
(DESIGNATED FACILITY)

IL 60419

UNDER MANIFEST/SALES SERVICE NUMBER IL 845877) THE GENERATOR NOTED BELOW
IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268.
ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE
THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE
KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: AQUEOUS SOLUTION PARTS WASHER D039
WASTE CODE(S): D039
TREATABILITY GROUP: NONWASTEWATERS

SKDOT#: 0010070

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

3-3-99

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.
** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.
*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.
**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.
*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.
UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATMENT MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/99.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR000040535

SEQ#: 7441 LOC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 444696 SW: 9905

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

CUSTOMER NO.										FOR SERVICE CALL										BRANCH MANAGER										DOC. EXP.										SERVICE WEEK										TERRITORY										REFERENCE NUMBER									
5 - 3 4 - 0 1 - 2 4 5 3										847 468- 10 ED GUGLIELMI										05/01/99										99-09										77										444676																			
C & C MACH TOOL SERV, INC										B I L L										CREDIT CODE										PREVIOUS BALANCE										BAL OVER 60 DAY																													
5024 CHASE RD																				C										327.50																																							
OWNERS GROVE IL 60515																				BUSINESS TYPE										CHAIN										OUTER COUNTRY										SVC. P/C										PROD									
																				09										N0										N0										491										00									
																				LOCATION										TAX EXEMPTION NO.																																							
																				503401																																																	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3-3-99	4742		30-810-0484	14-210-2052					.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS				CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIALS)	CHANGE SCH DATE (YY MM)	INV. CODE	PROMO NO	RELEASE NO.
1	0091810	91001048		1	327.50	0.00	327.50	0.00	CLEAN	SPENT	# OF CONT	SK DOT		8					
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
0																			
1																			
2																			

TOTAL SERVICE/PRODUCTS				327.50	0.00	327.50	0.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO					
								MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
USEPA TRANSPORTER 1 ID NO:				USEPA TRANSPORTER 2 ID NO:				GENERATOR USEPA ID NO:				GENERATOR STATE ID NO:				SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
IL0984908202				ILR000040535				0430305252													

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	563055	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES	
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (0039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION 19.17										2	DM	36	G	10070	2	0 TO 220 LBS/MONTH
															INITIALS	
															220 LBS. TO 2,200 LBS/MONTH	
															INITIALS	
															GREATER THAN 2,200 LBS/MONTH	
															INITIALS	

DESIGNATED FACILITY NAME AND ADDRESS										SAFETY-KLEEN SYSTEMS, INC.										USA EPA ID NO.										STATE ID NO.									
633 E 138TH ST										OOLTON, IL 60419										IL0980613917										03100690006									
CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:		CHECK NUMBER		INVOICE #		AMOUNT \$		INVOICE #		AMOUNT \$		MANIFEST NO.		LDR MESSAGE		LDR REQ'D		MANIFEST CODE		SEQ #		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS		TOTAL CHARGE (FROM ABOVE)		WASTE MIN. (FROM ABOVE)		TOTAL DUE							
																IL0984908202		LDR MESSAGE		LDR REQ'D		IL		550		THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION		327.50				327.50							
PREVIOUS CREDIT CARD NO.		CREDIT CARD NO.		EXP. DATE		AMEX		VISA		MC		IN THE EVENT OF AN EMERGENCY CALL		1-800-468-1760 (24 hours)		Print Customer Name		By: <i>Angela Chapais</i>		Customers Authorized Representative				DO NOT WRITE IN THE AREA BELOW		444676		5-034-011-7453-7											
REFERENCE																																							

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

5-034-01

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535	Manifest Document No. 99131		2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				A. Illinois Manifest Document Number IL 8421546 MANIFEST FEE PAID			
4. Generator's Phone (630) 810-0484				B. Generator's IL ID Number 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC		6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID UPW01512880H			
7. Transporter 2 Company Name Safety Kleen (To) INC		8. US EPA ID Number SCD987574647		D. 847 468-6510 Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419		10. US EPA ID Number ILD 980613913		E. Illinois Transporter's ID 012039540H			
				F. 108 849 994765 Transporter's Phone			
				G. Facility's IL ID Number 0310690006			
				H. Facility's Phone 708 849-4850			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION				002 DM	00038	G	EPA HW Number D039
b.							EPA HW Number
c.							EPA HW Number
d.							EPA HW Number
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above in Item #14 m124			
15. Special Handling Instructions and Additional Information 9901 96456585 399131 5-034-01-2453 27 SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10070 B: C: D:							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name x <i>Angela Chapas</i>				Signature x <i>Angela Chapas</i>		DATE 01/06/99	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Andrew Altman</i>		DATE 01/06/99	
Printed/Typed Name ANDREW ALTMAN				Signature <i>Andrew Altman</i>		DATE 01/06/99	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature <i>GARY GAFFNEY</i>		DATE 01/10/99	
Printed/Typed Name GARY GAFFNEY				Signature <i>GARY GAFFNEY</i>		DATE 01/10/99	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						DATE	
Printed/Typed Name Dana S. Fisher				Signature <i>Dana S. Fisher</i>		DATE 01/10/99	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 117, Sections 1304 and 1302, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

LOCATION: 503401 LAND DISPOSAL RESTRICTION NOTICE 18:44:55

TO: SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON,

EPA ID NO. ILD980613913
(DESIGNATED FACILITY)

IL 60419

1-6-99

UNDER MANIFEST/SALES SERVICE NUMBER IL0421546 THE GENERATOR NOTED BELOW
SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268.
IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE
THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE
KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: AQUEOUS SOLUTION PARTS WASHER D039
WASTE CODE(S): D039
TREATABILITY GROUP: NONWASTEWATERS

SKDOT#: 0010070

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

*****NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS WHEN TREATER MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/98.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR000040535

SEQ#: 6017 LOC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 399131 SW: 9901

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

Elgin, Illinois 60123-7857
(C) MER NO.



FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED THIRTY	REFERENCE NUMBER
847 468-1100	ED CUGLIELMI	03/06/99	99-01	27	399111
			CREDIT CODE	PREVIOUS BALANCE	BAL OVER 60 DAY
			C	322.50	
BUSINESS TYPE		CHAIN	OUTER COUNTY	SVC. P/C	PROD
09		NO	NO	491	00
LOCATION			TAX EXEMPTION NO.		
503401					

C & C MACH TOOL SERV, INC
5024 CHASE RD
DOWNERS GROVE IL 60515

B
I
L
L

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
1-6-99	472		630-810-0484	14-210-2052					.0675

[illegible]

WE CARE

TOTAL SERVICE/PRODUCTS		327.50	0.00	327.50	0.00	CHECK APPROPRIATE BOXES	MACHINE CONDITION & CLEANLINESS <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR LAMP ASSEMBLY CONDITION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR	DECALS IN PLACE AND LEGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FUSIBLE LINK INSTALLED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMERGENCY CLOSING OF LID UNOBSTRUCTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE PROPERLY GROUNDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LOCAL PHONE NO. STICKER AFFIXED TO MACHINE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.						
7L8921546	1L0984908202	1L0000040535	0430305252						

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO.	13 TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	566	1055	
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)(ERG#171) AQUEOUS PARTS WASHER SOLUTION 10,28	2	DM	383	G	L0070		2	

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:

0 TO 220 LBS./MONTH

INITIALS

220 LBS. TO 2,200 LBS./MONTH

AC
INITIALS

GREATER THAN 2,200 LBS./MONTH

INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC.	USA EPA ID NO.	IL0480613913
633 E 138TH ST	DOLTON, IL 60419	STATE ID NO.	0310690006

CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:	
CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$		
PREVIOUS CREDIT CARD NO.					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
CUSTOMER REFERENCE					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					

LDR MESSAGE

LDR REQ'D

MANIFEST CODE	SEQ #
IL	683

IN THE EVENT OF AN EMERGENCY CALL

1-800-455-1234

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

*This is to certify that the above-named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Angela Chapas
 Print Customer Name

Angela Chapas
 By: Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	327.50

DO NOT WRITE IN THE AREA BELOW

399131

5-034-02-2453-3



NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0030

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IL 000040535		Manifest Document No. 39213		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law					
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8323670 MANIFEST FEE PAID							
4. Generator's Phone (630) 810-0464						B. Illinois Generator's ID 0430305252							
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC						C. Illinois Transporter's ID UPW01512863							
6. US EPA ID Number ILD 984902202						D. (847) 468-6510 Transporter's Phone							
7. Transporter 2 Company Name						E. Illinois Transporter's ID							
8. US EPA ID Number						F. () Transporter's Phone							
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 633 E 138TH ST DOLTON, IL 60419						G. Illinois Facility's ID 0310690006							
10. US EPA ID Number ILD 980613913						H. Facility's Phone 708 844-4850							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D006, D039) (ERG#171) AQUEOUS PARTS CLEANER						No. Type				G		EPA HW Number XIXI D006 Authorization Number	
b.												EPA HW Number XIXI Authorization Number	
c.												EPA HW Number XIXI Authorization Number	
d.												EPA HW Number XIXI Authorization Number	
J. Additional Descriptions for Materials Listed Above I(A) D039						K. Handling Codes for Wastes Listed Above in Item #14							
15. Special Handling Instructions and Additional Information 9845 96179909 539213 5-034-01-2453 27 SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10087 B: C: D:													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name						Signature						DATE Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						DATE							
Printed/Typed Name						Signature						Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						DATE							
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name						Signature						DATE Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111 1/2 Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

TO: SAFETY-KLEEN SYSTEMS, INC.
633 E 139TH ST
DOLTON,

EPA ID NO: ILD980613F13
(DESIGNATED FACILITY)

IL 60419

11-10-98

UNDER MANIFEST SALES SERVICE NUMBER IL8323670 THE GENERATOR NOTED BELOW
(IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268.
IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE
THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE
KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 633 AQUEOUS SOLUTION, PARTS WASHER D006
WASTE CODE(S): D006 D039
TREATABILITY GROUP: NONWASTEWATERS

SKDOT#: 0010087

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	CADMIUM (CD)	1.0 MG/L TCLP
D006	CADMIUM (CD)	0.11 MG/L *****
D006	CADMIUM CONTAINING BATTERIES SUBCATEGORY	RTHRM *****
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL
SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED
THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO
FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES
AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

***** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 8-24-98.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS
WHEN TREATMENT MONITORS FOR ALL REGULATED CONSTITUENTS PRIOR
TO DISPOSAL.

XP NOTICE: THIS LDRN EXPIRES ON 12/31/98.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR000040535

SEQ#: 8805 LDC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 539213 SW: 9845

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

WE CARE.

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11-10-98	4742		630-AL9-0484	14-210-2052					.0175

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO.	TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	56	57	58	59
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NAJ0B2 PG III D006,D039)(ERG#171) AQUEOUS PARTS CLEANER	2	DR	37	G	60057			2	
27,10									

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:

0 TO 220 LBS /MONTH

INITIALS _____

220 LBS TO 2,200 LBS /MONTH

INITIALS AS

GREATER THAN 2,200 LBS /MONTH

INITIALS _____

D SALES ACKNOWLEDGEMENT

SECTION RECEIVED PAYMENT	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS. <small>*This is to certify that the above-named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.*</small>	TOTAL CHARGE (FROM ABOVE)	\$ 110.00
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS			WASTE MIN (FROM ABOVE)	\$ 110.00
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$		TOTAL DUE	327.50
	PREVIOUS CREDIT CARD NO.					DO NOT WRITE IN THE AREA BELOW	

CREDIT CARD NO.		EXP. DATE	AMEX	VISA	MC
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

LDR MESSAGE LDR REQ'D.	MANIFEST CODE IL	SEQ # 643	Print Customer Name <i>Adam Driscoll</i> By <i>[Signature]</i> Customer's Authorized Representative
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IN THE EVENT OF AN EMERGENCY CALL	
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NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535	Manifest Document No. 43625	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law
3. Generator's Name and Mailing Address SAFETY-KLEEN TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515			Location if Different:		A. Illinois Manifest Document Number IL 8318922 MANIFEST FEE PAID
4. Generator's Phone () 312-2494			B. Illinois Generator's ID 0430305252		C. Illinois Transporter's ID 0430305252
5. Transporter 1 Company Name SAFETY-KLEEN CORP.			6. US EPA ID Number ILD 984908202		D. Transporter's Phone 847-468-6510
7. Transporter 2 Company Name SAFETY-KLEEN (TO) INC			8. US EPA ID Number SCD987514647		E. Transporter's Phone 0310690006
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC 435 E 138TH ST DOLTON IL 60419			10. US EPA ID Number ILD 980613913		F. Facility's Phone 708-849-4850
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 HAZ002 PG III (D006, D039) (ERG#171) AQUEOUS PARTS CLEANER			002 DM	00038	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above I(A) D039			K. Handling Codes for Wastes Listed Above in Item #14 M044		
15. Special Handling Instructions and Additional Information SACORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10087 B: C: D:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Mark Chapas			Signature Mark Chapas		DATE 09/15/98
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name LEROY L KIECHACK			Signature Leroy Kiechack		DATE 09/15/98
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name DUANE HARTMAN			Signature Duane Hartman		DATE 09/20/98
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest, except as noted in item 19. Printed/Typed Name M. J. Shelton			Signature M. J. Shelton		DATE 9/20/98

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 1002, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TO: SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON,

EPA ID NO. ILD980613913
(DESIGNATED FACILITY)

IL 60419

UNDER MANIFEST SALES SERVICE NUMBER IL 831 8922 THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THIS WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 633 AQUEOUS SOLUTION, PARTS WASHER D006 SKDOT#: 0010087
WASTE CODE(S): D006 D039
TREATABILITY GROUP: NONWASTEWATERS

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	CADMIUM (CD)	1.0 MG/L TCLP
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

NOTES

09-15-98

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

HC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

EXP NOTICE: THIS LDRN EXPIRES ON 12/31/98.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR00004055

EQ#: 8459 LDC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 643625 SW

OP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFER

Elgin, Ill. 6123-7857
CL MER NO.



00000000 00000000 00000000 00000000

[illegible]

FOR SERVICE	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRIT	REFERENCE NUMBER
847 468-6510	ED GUGLIELMI	11/14/98	98-37	27	643625
			CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAY
			C	212.00	
BUSINESS TYPE		CHAIN	OUTER COUNTY	SVC. P/C	PROD.
119		NO	NO	451	00
LOCATION			TAX EXEMPTION NO.		
503401					

B I L L T C

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
04-15-78	9850		630-810-0484	14-211-2152					1.5675

[illegible]

TOTAL SERVICE/PRODUCTS		327.50	0.00	327.50	0.00	CHECK APPROPRIATE BOXES MACHINE CONDITION & CLEAN INESS LAMP ASSEMBLY CONDITION	GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/> DECALS IN PLACE AND LEGIBLE <input checked="" type="checkbox"/> FUSIBLE LINK INSTALLED <input checked="" type="checkbox"/> EMERGENCY CLOSING OF LID UNOBSTRUCTED <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MACHINE PROPERLY GROUNDED <input checked="" type="checkbox"/> LOCAL PHONE NO. STICKER AFFIXED TO MACHINE <input checked="" type="checkbox"/> SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input checked="" type="checkbox"/>
MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.					
22838922	110984908202	11R000040535	0430305252					

[illegible]

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC.	USA EPA ID NO.	IL0419-013711
633 E 138TH ST	DOLTON, IL 60419	STATE ID NO.	0010692006

SECTION RECEIVED PAYMENT	CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:	
	CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$.	INVOICE #	AMOUNT \$.		
PREVIOUS CREDIT CARD NO. →						

LDR MESSAGE	
LDR REQ'D	
MANIFEST CODE	SEQ #
TL	501

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

*This is to certify that the above named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Mark Chappas

Print Customer Name

TOTAL CHARGE (FROM ABOVE)	327. ⁰⁰
WASTE MIN. (FROM ABOVE)	—
TOTAL DUE	327. ⁵⁰

DO NOT WRITE IN THE AREA BELOW

CREDIT CARD NO.															AMEX VISA MC			EXP. DATE		

IN THE EVENT OF AN

By Mark Chapp

64.1675
5-1174-71-7457-3



5-034-01

STATE PRESCRIBED FORM

State Form LPC 62 8-81 IL532-0610

Form Approved OMB No. 2050-0039

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 68766		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by Illinois law.													
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8218714 MANIFEST FEE PAID															
4. Generator's Phone (630 810-0434						B. Illinois Generator's ID 0430305252															
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID 1123															
7. Transporter 2 Company Name				8. US EPA ID Number		D. 847 468-6510 Transporter's Phone															
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. Sy Syms, Inc 633 E 138TH ST DOLTON, IL 60419						G. Illinois Facility's ID 0310690006															
						H. Facility's Phone 708 849-4850															
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.									
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D006, D039) (ERG#171) AQUEOUS PARTS CLEANER						002 DM		0032		G		EPA HW Number X X 0006 Authorization Number									
b.												EPA HW Number X X Authorization Number									
c.												EPA HW Number X X Authorization Number									
d.												EPA HW Number X X Authorization Number									
J. Additional Descriptions for Materials Listed Above I (A) D039						K. Handling Codes for Wastes Listed Above in Item #1 M094															
15. Special Handling Instructions and Additional Information SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10087 B: C: D:																					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																					
Printed/Typed Name Adam Driscoll						Signature <i>Adam Driscoll</i>						DATE Month Day Year 07 27 98									
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JOHN JASPER						Signature <i>John Jasper</i>						DATE Month Day Year 07 27 98									
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature						DATE Month Day Year									
19. Discrepancy Indication Space																					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name ESTHER MIKULA														Signature <i>Esther Mikula</i>						DATE Month Day Year 08 2 98	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111b Sections 1034 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Form Management Center.

COPY 1. TSD MAIL TO GENERATOR

LOCATION: 503401 LAND DISPOSAL RESTRICTION NOTICE

17:59:21

TO: SAFETY-KLEEN CORP.
633 E 138TH ST
DOLTON,

IL 60419

EPA ID NO. ILD980610
(DESIGNATED FACILITY)

UNDER MANIFEST/SALES SERVICE NUMBER IL 6218714 THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

=====

WASTE NAME: 633 AQUEOUS SOLUTION, PARTS WASHER D006
WASTE CODE(S): D006 D039
TREATABILITY GROUP: NONWASTEWATERS

SKDOT#: 00106

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	CADMIUM (CD)	1.0 MG/L TCLP
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

=====

7/27/98

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR000040531

SEQ#: 8949 LOC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 268766 SW:

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER



Elgin, Illinois 60123-7857

C MACH TOOL SERV INC

CUSTOMER

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

B
I
L
L

FOR SERVICE CALL

BRANCH MANAGER

DOC. EXP.

SCHEDULED SERVICE WEEK

SCHEDULED TERRITORY

REFERENCE NUMBER

847 464-1110 ED GUGLIELMI

09/19/98

98-29

27

268766

CREDIT CODE PREVIOUS BALANCE

BAL OVER 60 DA

C

BUSINESS TYPE

CHAIN

OUTER COUNTY

SVC. P/C

PRO.

09

NO

NO

391 0

LOCATION

TAX EXEMPTION NO

503401

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09/19/98	0419		630-810-0484	14-210-2052					.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO.	RELEASE NO.
1	0091810	91001048		1	312.00	0.00	312.00	0.00	CLEAN/SPENT 4	10087	8					
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL-SERVICE/PRODUCTS

312.00

0.00

312.00

0.00

CHECK APPROPRIATE BOXES

MACHINE CONDITION & CLEANLINESS

GOOD

POOR

DECALS IN PLACE AND LEGIBLE

YES

NO

MACHINE PROPERLY GROUNDED

YES

NO

LOCAL PHONE NO STICKER AFFIXED TO MACHINE

YES

NO

SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

YES

NO

MANIFEST NO. USEPA TRANSPORTER ID NO. GENERATOR USEPA ID NO. GENERATOR STATE ID NO.

IL0984908202

ILR000040535

0430305252

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III

(D006,D039)(ERG#171) AQUEOUS PARTS CLEANER

12. CONTAINERS

NO

TYPE

DM

13. TOTAL QUANTITY

32

14. UNIT WT/VOL

G

SK DOT NUMBER

10087

9163055

2

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS/MONTH

INITIALS

220 LBS TO 2,200 LBS/MONTH

INITIALS

GREATER THAN 2,200 LBS/MONTH

INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

633 E 138TH ST

SAFETY-KLEEN CORP.

DOLTON,

IL 60419

USA EPA ID NO.

IL0980613913

STATE ID NO.

0310690006

PAYMENT SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
	PREVIOUS CREDIT CARD NO			

CREDIT CARD NO	EXP. DATE

CUSTOMER REFERENCE

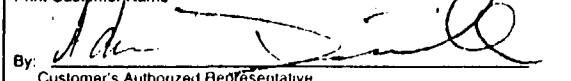
LDR MESSAGE	
LDR REQ'D	
MANIFEST CODE	SEQ #
IL	526

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Adam Driscoll

By: 
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	312
WASTE MIN. (FROM ABOVE)	0.00
TOTAL DUE	312

DO NOT WRITE IN THE AREA BELOW

268766
5-034-01-2452-3

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
ILR 000040535

Manifest Document No.
71730

2. Page 1 of 1

3. Generator's Name and Mailing Address
C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

4. Generator's Phone
800 310-0424

5. Transporter 1 Company Name
SAFETY-KLEEN CORP.

6. US EPA ID Number
ILD 984908202

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
SAFETY-KLEEN CORP.
633 E 138TH ST
DOLTON, IL 60419

10. US EPA ID Number
ILD 980613913

A. Illinois Manifest Document Number
IL 8288237

B. Illinois Generator's ID
0430305252

C. Illinois Transporter's ID
1123

D. 3471468-6560

E. Illinois Transporter's ID

F. ()

G. Illinois Facility's ID
0310690006

H. Facility's Phone
708 846-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. HAZARDOUS WASTE, LIQUID, N.O.S.
9 NA3082 PG III (D008, D039) (ERG#171)
AQUEOUS PARTS CLEANER

002

DM

00042

EPA HW Number
XIX

Authorization Number

b.

EPA HW Number
XIX

Authorization Number

c.

EPA HW Number
XIX

Authorization Number

d.

EPA HW Number
XIX

Authorization Number

J. Additional Descriptions for Materials Listed Above
IA) D039

K. Handling Codes for Wastes Listed Above
in Item #14
M094

15. Special Handling Instructions and Additional Information
PE# 071730 MFST R/T# 95122771 5-034-01-2453
EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
OR CORP AUTHORIZED TO RETAIN LICENSED SUCCESSOR CARRIERS AS NECESSARY.
SKDOT# A: 10087 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name
C. WITT

Signature
C. Witt

DATE
04/02/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name
ROBERT V. SKRIBER

Signature
Robert V. Skribner

DATE
04/02/98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

DATE

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name
ESTHER MIKULA

Signature
Esther Mikula

DATE
4/3/98

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Failure to provide this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 3 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TO: SAFETY-KLEEN CORP.
633 E 138TH ST
DOLTON,

IL 60419

EPA ID NO. ILD980613913
(DESIGNATED FACILITY)

4/2/98
UNDER MANIFEST/SALES SERVICE NUMBER IL 828237 THE GENERATOR NOTED BELOW IS
SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN
ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT
THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT
BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 633 AQUEOUS SOLUTION, PARTS WASHER D006 SKDOT#: 0010087
WASTE CODE(S): D006 D039
TREATABILITY GROUP: NONWASTEWATERS

WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	CADMIUM (CD)	1.0 MG/L TCLP
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

N O T E S

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATERS WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR000040535

REQ#: 0 LOC: 503401 CUST: 5-034-01-2453 TERR:

REF#: 71730 SW:

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

5-034-01

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR C00040535		Manifest Document No. 28788		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law					
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8247078							
4. Generator's Phone (630) 810-0484						B. Illinois Generator's ID 0430305252							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID 1123							
7. Transporter 2 Company Name				8. US EPA ID Number		D. 847 468-6510 Transporter's Phone							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 633 E 138TH ST DOLTON IL 60419						10. US EPA ID Number ILD 960613913							
						E. Illinois Transporter's ID							
						F. () Transporter's Phone							
						G. Illinois Facility's ID 0310690006							
						H. Facility's Phone 708 849-4850							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D006, D039) (ERG#171) AQUEOUS PARTS CLEANER						No. 2 Type DM		00030		G		EPA HW Number XIX D006 Authorization Number	
b.												EPA HW Number XIX Authorization Number	
c.												EPA HW Number XIX Authorization Number	
d.												EPA HW Number XIX Authorization Number	
J. Additional Descriptions for Materials Listed Above I(A) D039						K. Handling Codes for Wastes Listed Above in Item #14 MD44							
15. Special Handling Instructions and Additional Information 9806 94840054 028788 5-034-01-2453 27 SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10087 B: C: D:													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Mark Chapas						Signature <i>Mark Chapas</i>						DATE Month Day Year 02 11 98	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Robert S. L. B. 10</i>						DATE Month Day Year 02 11 98	
Printed/Typed Name ROBERT S. L. B. 10						Signature						DATE Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature						DATE Month Day Year	
Printed/Typed Name						Signature						DATE Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest, except as noted in item 19.													
Printed/Typed Name JOANNE BASTAS						Signature <i>Joanne Bastas</i>						DATE Month Day Year 2 13 98	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 1002, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's ID # PER 000040935		Manifest Document No. W5793		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law		
3. Generator's Name and Address SAFETY-KLEEN CORP. 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8164085				
4. Generator's Phone (630) 810-0484						B. Illinois Generator's ID 0430305252				
5. Transporter 1 Company Name SAFETY-KLEEN CORP.						C. Illinois Transporter's ID 817-168-6310				
6. US EPA ID Number ILD 984908202						D. () Transporter's Phone				
7. Transporter 2 Company Name 000249						E. Illinois Transporter's ID				
8. US EPA ID Number 000249						F. () Transporter's Phone				
9. Facility Name and Address SAFETY-KLEEN CORP. 1500 VILLA STREET ELGIN, IL 60120						G. Illinois Facility's ID 0314380001				
10. US EPA ID Number ILD 000805911						H. Facility's Phone 817-168-6560				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII(D001) (D006, D008, D018, D027 D039 D040) (ERG#128)						12. Containers No. 001	Type DM	13. Total Quantity 0009	14. Unit Wt/Vol G	I. Waste No. EPA HW Number XIXI Authorization Number 0001
										EPA HW Number XIXI Authorization Number
										EPA HW Number XIXI Authorization Number
										EPA HW Number XIXI Authorization Number
J. Additional Codes IA D006 D008 D018 D027 D039 D040						K. Handling Codes for Wastes Listed Above in Item #14				
15. Special Handling Instructions and Additional Information EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY. SKDOT# A: 10082 B: C: D:										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Mark Chapas						Signature <i>[Signature]</i>			DATE Month Day Year 02 11 98	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name ROBERT V. SILVER			Signature <i>[Signature]</i>	
									DATE Month Day Year 02 11 98	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name			Signature	
									DATE Month Day Year	
19. Discrepancy Indication Space										
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.										
Printed/Typed Name Kathleen Shannon						Signature <i>[Signature]</i>			DATE Month Day Year 02 11 98	

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1989, Chapter 111, Sections 1004 and 1005, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

5-034-01

State Form LPC 62 8/81 IL532-0610

AND SPECIAL WASTE

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 83468		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8198646 MANIFEST FEE PAID			
4. Generator's Phone (630 1812-0424)						B. Illinois Generator's ID 0430305252			
5. Transporter 1 Company Name SAFETY-KLEEN CORP.						C. Illinois Transporter's ID 1123			
7. Transporter 2 Company Name						D. 847 468-6510 Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 633 E 138TH ST DOLTON, IL 60419						E. Illinois Transporter's ID			
10. US EPA ID Number ILD 980613913						F. () Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity	
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D006, D039) (ERG#171) AQUEOUS PARTS CLEANER						102 DM		500 SL	
b.								G	
c.								EPA HW Number XIXD006 Authorization Number	
d.								EPA HW Number XIX Authorization Number	
J. Additional Descriptions for Materials Listed Above I(A) D039						K. Handling Codes for Wastes Listed Above in Item #14			
15. Special Handling Instructions and Additional Information 9821 95335993 983468 5-034-01-2453 27 SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR A: 10087 B: C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						DATE Month Day Year 05 27 85			
Printed/Typed Name X						Signature		DATE Month Day Year 05 27 85	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature		DATE Month Day Year 05 27 85	
Printed/Typed Name SAFETY-KLEEN CORP.						Signature		DATE Month Day Year 05 27 85	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature		DATE Month Day Year	
Printed/Typed Name						Signature		DATE Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						DATE Month Day Year			
Printed/Typed Name						Signature		DATE Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111, Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 6. GENERATOR COPY

TO: SAFETY-KLEEN CORP.
633 E 138TH ST
DOLTON,

EPA ID NO. ILD9806
(DESIGNATED FACILITY)

IL 60419

5/27/98

UNDER MANIFEST/SALES SERVICE NUMBER IL 819846 THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 633 AQUEOUS SOLUTION, PARTS WASHER D006
WASTE CODE(S): D006 D039
TREATABILITY GROUP: NONWASTEWATERS

SKDOT#: 001

EPA WASTE CODE	WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT	TREATMENT STANDARD (*) CONCENTRATION OR TECHNOLOGY CODE
D006	CADMIUM (CD)	1.0 MG/L TCLP
D039	TETRACHLOROETHYLENE	6.0 MG/KG ****

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATE AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

UHC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: C & C MACH TOOL SERV INC

EPA ID: ILR0000405

SEQ#: 695 LOC: 503401 CUST: 5-034-01-2453 TERR: 27 REF#: 983468 SL

TOP COPY: GENERATOR

MIDDLE COPY: FACILITY

BOTTOM COPY: TRANSFER

CUSTOMER NO.		847 4681		ED GUGLIELMI		07/25/98		SERVICE WEEK 98-21		TERRITORY 27		NUMBER 983454	
5 - 0 3 4 - 0 1 - 2 4 5 3								CREDIT CODE C		PREVIOUS BALANCE 300.50		BAL. OVER 60 DAY	
C & C MACH TOOL SERV INC		B I L L						BUSINESS TYPE 09		CHAIN NO		OUTER COUNTY NO	
5024 CHASE RD								SVC. P/C 392		PROD 00			
DOWNERS GROVE IL 60515								LOCATION 503401		TAX EXEMPTION NO.			

SERVICE DATE 5/21/98	SALES REP NO. 0369	CUSTOMER P.O. NUMBER	CUSTOMER PHONE # 630-810-0484	TAX CODE 14-210-2052	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX .0675
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DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)INITIAL	CHANGE SCH DATE (Y. MM)	INV. CODE	PROMO NO.	RELEASE NO.
									CLEAN	SPENT	# OF CONT							
1	0091810	91001048			300.50	0.00	300.50	45.00			4	10087		8				
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
0																		
1																		
2																		

TOTAL-SERVICE/PRODUCTS				300.50	0.00	300.50	45.00	CHECK APPROPRIATE BOXES		MACHINE CONDITION & CLEANLINESS		DECALS IN PLACE AND LEGIBLE		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MACHINE PROPERLY GROUNDED		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
USEPA TRANSPORTER ID NO. IL0984908202				GENERATOR USEPA ID NO. ILR000040535				GENERATOR STATE ID NO. 0430305252				LAMP ASSEMBLY CONDITION		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III								12. CONTAINERS NO. 002		13. TOTAL QUANTITY 00094		14. UNIT WT/VOL G		SK DOT NUMBER 10087		9183355		CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:	

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO. 002		13. TOTAL QUANTITY 00094		14. UNIT WT/VOL G		SK DOT NUMBER 10087		9183355		CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:	
(0006,0039)(ERG#171) AQUEOUS PARTS CLEANER										DM										220 LBS. TO 2,200 LBS./MONTH	
																				INITIALS	
																				220 LBS. TO 2,200 LBS./MONTH	
																				INITIALS	
																				GREATER THAN 2,200 LBS./MONTH	
																				INITIALS	

DESIGNATED FACILITY NAME AND ADDRESS				SAFETY-KLEEN CORP.				USA EPA ID NO. IL0980613913			
633 E 138TH ST				DOLTON, IL 60419				STATE ID NO. 0310690006			

CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:		LDR MESSAGE		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.		TOTAL CHARGE (FROM ABOVE)	
CHECK NUMBER				TODAY'S SERVICE/SALE		LDR REQ'D		*This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		WASTE MIN. (FROM ABOVE)	
INVOICE #		AMOUNT \$		INVOICE #		MANIFEST CODE		Print Customer Name		TOTAL DUE	
PREVIOUS CREDIT CARD NO.				EXP. DATE		SEQ #		By: Mark Chapas		DO NOT WRITE IN THE AREA BELOW	
CUSTOMER REFERENCE INFORMATION						IL 548		Customer's Authorized Representative		983454	
						IN THE EVENT OF AN EMERGENCY CALL		THIS AGREEMENT CONTINUES ON THE REVERSE SIDE		5-034-01-2453-3	
						1-800-468-1760 (24 hours)					



STATE OF ILLINOIS

SAFETY-KLEEN CORP.
STATE PRESCRIBED FORM
5-034-01

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761
State Form LPC 62 8/81 IL532-0610FOR SHIPMENT OF HAZARDOUS
AND SPECIAL WASTE



NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILR 000040535		Manifest Document No. 33356		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.															
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 3024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8139525 MANIFEST FEE PAID																	
4. Generator's Phone (630 1810-0484)						B. Illinois Generator's ID 0430305252																	
5. Transporter 1 Company Name SAFETY-KLEEN CORP.						6. US EPA ID Number ILD 984908202																	
7. Transporter 2 Company Name						C. Illinois Transporter's ID 1123																	
8. US EPA ID Number						D. 847 468-6510 Transporter's Phone																	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 633 E 138TH ST DOLTON, IL 60419						E. Illinois Transporter's ID																	
10. US EPA ID Number ILD 980613913						F. () Transporter's Phone																	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.											
a. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D006, D039) (ERG#171) AGUEOUS PARTS CLEANER						No. 002 Type DM		00044		G		EPA HW Number XIX D006 Authorization Number											
b.												EPA HW Number XIX Authorization Number											
c.												EPA HW Number XIX Authorization Number											
d.												EPA HW Number XIX Authorization Number											
J. Additional Descriptions for Materials Listed Above I(A) D039						K. Handling Codes for Wastes Listed Above in Item #14 M044																	
15. Special Handling Instructions and Additional Information SKCORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIER, AS NECESSARY. EMERGENCY RESP#800-468-1760 24HR						9751 / 94562101 133356 5-034-01-2453 27 A: 10087 B: C: D:																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						DATE Month Day Year 12 08 97																	
Printed/Typed Name X Mark Chapas						Signature X Mark Chapas						DATE Month Day Year 12 08 97											
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name ROBERT J. SKERVEN						Signature Robert J. Skerven						DATE Month Day Year 12 08 97					
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature						DATE Month Day Year					
19. Discrepancy Indication Space																							

FAC

STATE PRESCRIBED FORM 5-034-01 NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH		State Form LPC 62 8/81 IL532-0610 EPA Form 8700-22 (6-89)		AND SPECIAL WASTE Form Approved OMB No. 2050-0039			
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CES QG		2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is required by Illinois law.			
3. Generator's Name and Mailing Address C & C MACH TOOL SERV INC 5024 CHASE RD		Location if Different IL 60515		A. Illinois Manifest Document Number IL 8108393			
4. Generator's Phone 630 811-0444		5. Transporter 1 Company Name SAFETY-KLEEN CORP.		B. Illinois Generator's ID 0430305252			
6. Transporter 1 US EPA ID Number ILD 984908202		7. Transporter 2 Company Name		C. Illinois Transporter's ID 0847 468-6560			
8. Transporter 2 US EPA ID Number		9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 1500 VILLA STREET ELGIN, IL 60120		E. Illinois Transporter's ID 0314380001			
10. US EPA ID Number ILD 000805011		11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		F. Facility's Phone 847 468-6560			
G. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		12. Containers No. Type		13. Total Quantity			
		14. Unit Wt/Vol		15. Waste No.			
		a. COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (NOT USE EPA HAZARDOUS WASTE) (ERG 112)		DM		EPA HW Number 000347	
		b. HAZARDOUS WASTE, LIQUID, N.O.S. NA3082 PG II (0006, 0039) (ERG 471)		002 DM 0050		EPA HW Number 000347	
		c. AQUEOUS PARTS CLEANER				EPA HW Number 000347	
d.				EPA HW Number 000347			
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above in Item #14					
15. Special Handling Instructions and Additional Information PP# 441093 MFST R/T# 94297234 5-034-01-2453 EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SKDOT# A: 657 B: 10087 C: D:							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		DATE Month Day Year 10 20 97					
Printed/Typed Name X Mark Chapas		Signature 		DATE Month Day Year 10 20 97			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT J. SKENAM		Signature 		DATE Month Day Year 10 20 97			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		DATE Month Day Year			
19. Discrepancy Indication Space WASTE REJECTED BACK TO GENERATOR 10-22-97 DUE TO LACK OF US, EPA ID NUMBER, (M)							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name		Signature		DATE Month Day Year			

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1991, Chapter 111b, Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 TSD MAIL TO GENERATOR

WE CARE

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
347 463-61	ED GUGLIELMI	12/27/97	97-44	27	34741
			CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
			C	799.25	659.00
		BUSINESS TYPE	CHAIN	COUNTY	SVC. P/C
		24	NO	NO	390
LOCATION				TAX EXEMPTION NO.	
303401					

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

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SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
10/28/97	8369		30-810-0484	14-210-2052					2675

[illegible]

TOTAL SERVICE/PRODUCTS		66.25	0.00	86.25	60.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.			MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
XXXXX	111940903502	CECOC	MA 00305352			LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSERVED	<input type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINER NO.	13. CONTAINER TYPE	14. TOTAL QUANTITY	15. UNIT WT/VOL	16. SK DOT NUMBER	17. 5	18. 6	19. 7	20. 8	21. 9	22. 0	23. 1	24. 2	25. 3	26. 4	27. 5	28. 6	29. 7	30. 8	31. 9	32. 0	33. 1	34. 2	35. 3	36. 4	37. 5	38. 6	39. 7	40. 8	41. 9	42. 0	43. 1	44. 2	45. 3	46. 4	47. 5	48. 6	49. 7	50. 8	51. 9	52. 0	53. 1	54. 2	55. 3	56. 4	57. 5	58. 6	59. 7	60. 8	61. 9	62. 0	63. 1	64. 2	65. 3	66. 4	67. 5	68. 6	69. 7	70. 8	71. 9	72. 0	73. 1	74. 2	75. 3	76. 4	77. 5	78. 6	79. 7	80. 8	81. 9	82. 0	83. 1	84. 2	85. 3	86. 4	87. 5	88. 6	89. 7	90. 8	91. 9	92. 0	93. 1	94. 2	95. 3	96. 4	97. 5	98. 6	99. 7	100. 8	101. 9	102. 0	103. 1	104. 2	105. 3	106. 4	107. 5	108. 6	109. 7	110. 8	111. 9	112. 0	113. 1	114. 2	115. 3	116. 4	117. 5	118. 6	119. 7	120. 8	121. 9	122. 0	123. 1	124. 2	125. 3	126. 4	127. 5	128. 6	129. 7	130. 8	131. 9	132. 0	133. 1	134. 2	135. 3	136. 4	137. 5	138. 6	139. 7	140. 8	141. 9	142. 0	143. 1	144. 2	145. 3	146. 4	147. 5	148. 6	149. 7	150. 8	151. 9	152. 0	153. 1	154. 2	155. 3	156. 4	157. 5	158. 6	159. 7	160. 8	161. 9	162. 0	163. 1	164. 2	165. 3	166. 4	167. 5	168. 6	169. 7	170. 8	171. 9	172. 0	173. 1	174. 2	175. 3	176. 4	177. 5	178. 6	179. 7	180. 8	181. 9	182. 0	183. 1	184. 2	185. 3	186. 4	187. 5	188. 6	189. 7	190. 8	191. 9	192. 0	193. 1	194. 2	195. 3	196. 4	197. 5	198. 6	199. 7	200. 8	201. 9	202. 0	203. 1	204. 2	205. 3	206. 4	207. 5	208. 6	209. 7	210. 8	211. 9	212. 0	213. 1	214. 2	215. 3	216. 4	217. 5	218. 6	219. 7	220. 8	221. 9	222. 0	223. 1	224. 2	225. 3	226. 4	227. 5	228. 6	229. 7	230. 8	231. 9	232. 0	233. 1	234. 2	235. 3	236. 4	237. 5	238. 6	239. 7	240. 8	241. 9	242. 0	243. 1	244. 2	245. 3	246. 4	247. 5	248. 6	249. 7	250. 8	251. 9	252. 0	253. 1	254. 2	255. 3	256. 4	257. 5	258. 6	259. 7	260. 8	261. 9	262. 0	263. 1	264. 2	265. 3	266. 4	267. 5	268. 6	269. 7	270. 8	271. 9	272. 0	273. 1	274. 2	275. 3	276. 4	277. 5	278. 6	279. 7	280. 8	281. 9	282. 0	283. 1	284. 2	285. 3	286. 4	287. 5	288. 6	289. 7	290. 8	291. 9	292. 0	293. 1	294. 2	295. 3	296. 4	297. 5	298. 6	299. 7	300. 8	301. 9	302. 0	303. 1	304. 2	305. 3	306. 4	307. 5	308. 6	309. 7	310. 8	311. 9	312. 0	313. 1	314. 2	315. 3	316. 4	317. 5	318. 6	319. 7	320. 8	321. 9	322. 0	323. 1	324. 2	325. 3	326. 4	327. 5	328. 6	329. 7	330. 8	331. 9	332. 0	333. 1	334. 2	335. 3	336. 4	337. 5	338. 6	339. 7	340. 8	341. 9	342. 0	343. 1	344. 2	345. 3	346. 4	347. 5	348. 6	349. 7	350. 8	351. 9	352. 0	353. 1	354. 2	355. 3	356. 4
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DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	110000205411
1500 VILLA STREET	ELGIN, IL 60120	STATE ID NO.	6614380001

PAYMENT RECEIVED SECTION PREVIOUS CREDIT CARD NO.	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS. <small>*This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small>	TOTAL CHARGE (FROM ABOVE)	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS			WASTE MIN. (FROM ABOVE)	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$		TOTAL DUE	N/C
						DO NOT WRITE IN THE AREA BELOW	
PREVIOUS CREDIT CARD NO.					LDR MESSAGE LDR NOT REQ'D MANIFEST CODE SEQ # PP 545	Print Customer Name <i>X Mark Hughes</i>	
CREDIT CARD NO.							
AMEX VISA MC					By: <i>X [Signature]</i> Customer's Authorized Representative		
EXP. DATE							
IN THE EVENT OF AN EMERGENCY CALL					5-034-06-2451-3		

SEBVICE AND SALES ACKNOWI EDGMENT

STATE PRESCRIBED FORM 5-034-01		State Form LPC 62 8/81 IL532-0610		AND SPECIAL WASTE Form Approved OMB No. 2050-0039	
NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH EPA Form 8700-22 (6-89)					
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CES QG		2. Page 1 of 1 Manifest Document No. 75512	
3. Generator's Name and Mailing Address Q C MACH TOOL SERV INC 5024 CHASE RD DOWNERS GROVE IL 60515				A. Illinois Manifest Document Number IL 8075766 MANIFEST FEE PAID	
4. Generator's Phone (530) 810-0484				B. Illinois Generator's ID 0430305252	
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				C. Illinois Transporter's ID 047 468-6560 Transporter's Phone	
6. US EPA ID Number ILD 984908202				E. Illinois Transporter's ID	
7. Transporter 2 Company Name				F. Transporter's Phone	
8. US EPA ID Number				G. Illinois Facility's ID 0310690006	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 33 E 138TH ST DOLTON IL 60419				H. Facility's Phone 708 849-4850	
10. US EPA ID Number ILD 980613913					
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE, LIQUID, N.O.S. NA3082 PG III (D008, D039) (ERG#171) AQUEOUS PARTS CLEANER			202 DM	200 25	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above IA) D039			K. Handling Codes for Wastes Listed Above in Item #14 M022		
15. Special Handling Instructions and Additional Information PP# 075612 MFST R/T# 94030369 5-034-01-2453 EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. CK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY. SKDOT# A: 10087 B: C: D:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name C. WITT			Signature C. Witt		DATE 08/27/97
17. Transporter 1 Acknowledgement of Receipt of Materials					DATE
Printed/Typed Name ROBERT V. GILLIBON			Signature Robert V. Gillibon		Month Day Year 08/27/97
18. Transporter 2 Acknowledgement of Receipt of Materials					DATE
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					DATE
Printed/Typed Name JOANNE BASTAS					Month Day Year 9/9/97
Signature Joanne Bastas					

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111's Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

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C

TOTAL-SERVICE/PRODUCTS11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

0310690006

075612

5-034-06-2453-3

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CESQG		Manifest Document No. 35034		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address Q & C MASH TOOL SERV INC 2024 CHASE RD DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8074419							
4. Generator's Phone 708 410 0411						B. Illinois Generator's ID 0430305252							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID 0347 468-6550							
7. Transporter 2 Company Name				8. US EPA ID Number		E. Illinois Transporter's ID							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 830 E 138TH ST DOLTON, IL 60419				10. US EPA ID Number ILD 080613013		G. Illinois Facility's ID 0310590005							
						H. Facility's Phone 708 840-4850							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. HAZARDOUS WASTE, LIQUID, N.O.S. NA 3082 PG 111 (0006, 0039) (ERG4191) AQUEOUS PARTS CLEANER						001 LN		00025				EPA HW Number XIX Authorization Number 000135	
b.												EPA HW Number XIX Authorization Number	
c.												EPA HW Number XIX Authorization Number	
d.												EPA HW Number XIX Authorization Number	
J. Additional Descriptions for Materials Listed Above IA) D039						K. Handling Codes for Wastes Listed Above in Item #14 M022							
15. Special Handling Instructions and Additional Information P35034 MEET R/T# 93965145 5-034-01-2453 EMERGENCY RESP 800-400-1700 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. OK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY. SYDOTE# A: 10027 B: C: D:													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name CHET WITT						Signature Chet Witt						DATE Month Day Year 08 08 97	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature Robert V. Sleuton						DATE Month Day Year 08 08 97	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature						DATE Month Day Year	
19. Discrepancy Indication Space Added DOCUMENTARY MANIFEST # 35034 corrected 08/3/12													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.												DATE	
Printed/Typed Name JOANNE BASTAS						Signature Joanne Bastas						Month Day Year 08 11 97	

GENERATOR

CUSTOMER REFERENCE INFORMATION													EMERGENCY CALL 1-800-438-5750 (24 hours)	By _____ Customer's Authorized Representative



1000 North Randall Road
Elgin 60123-7857



FOR SERVICE CALL TRANSPORTER
847 468-6510 ED GUG ELM1

DOC EXP
02/08/97

SCHEDULED SERVICE WEEK		SCHEDULED TERRITORY		REFERENCE NUMBER	
96-50		04		850124	
CREDIT CODE	PREV BALANCE		BAL OVER 60 DAYS		
C	190.00				
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD P/C	
07	NO	NO	070	070	
TAX EXEMPTION NUMBER					

GENERATOR
C
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5-034-41-3042-6
C E C MACHINE TOOL SVC
5024 CHASE AVE
DOWNERS GROVE IL 60515

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SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12/29/96	1088		630-810-0484	14-210-2052					0.0075

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCH DATE (YY MM)	INV CODE	PROMO NO
									CLEAN	SPENT	# OF CONT	SK DOT					
1	01	70700	07013473	1	190.00	0.00	190.00	0.00	XX	XX		52J	8				
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

TOTAL-SERVICE/PRODUCTS

190.00 0.00 190.00 0.00

CHECK APPROPRIATE BOXES	MACHINE CONDITION & CLEANLINESS	GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/>	DECALS IN PLACE AND LEGIBLE	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MACHINE PROPERLY GROUNDED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	LAMP ASSEMBLY CONDITION	<input type="checkbox"/> <input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input type="checkbox"/> <input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/> <input type="checkbox"/>
			EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/> <input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/> <input type="checkbox"/>

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984908202	CESQG	99917

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE PAINT RELATED MATERIAL UN1203 PG II (F003, F003, D001, D00H) (D018, D035, D039, D040) (ERGH127) 7.2M/GAL

12 CONTAINERS NO.	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	5103035
1	DM	G	52J	
I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES				
0 TO 220 LBS/MONTH INITIALS <u>Witt</u>				
220 LBS TO 2,200 LBS/MONTH INITIALS _____				
GREATER THAN 2,200 LBS/MONTH INITIALS _____				

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
1500 VILLA STREET ELGIN, IL 60120

USA EPA ID NO. ILD000805911
STATE ID NO. 0314380001

PAYMENT SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
			<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
	INVOICE #	AMOUNT \$	INVOICE #
PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.		AMEX VISA MC	EXP. DATE

LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
UP	80

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS

This is to certify that the above named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

Print Customer Name C. Witt

By: C. Witt
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	193

USA 850124

USA 850124

IN THE EVENT OF AN
EMERGENCY CALL

1-800-468-1750 (24 hours)

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

TRANSPORTER

847 468-6510 ED GUC ELMI

5-034-C 2453-J
C & C MACH TOOL SERV INC
5024 CHASE RD
DOWNERS GROVE IL 60515

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SCHEDULED SERVICE WEEK		SCH TEL		0 /		REFERENCE NUMBER	
96-48		27				304448	
CREDIT CODE		PREV. BALANCE		BAL. OVER 60 DAYS			
C		160.50					
BUSINESS TYPE		CHAIN		OUTER COUNTY		SVC. P/C	
09		NO		NO		292 100	
TAX EXEMPTION NUMBER							

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11-20-96	8527		630-810-0484	14-210-2052						.0675

[illegible]

TOTAL-SERVICE/PRODUCTS		100.50	0.00	100.50	0.00	CHECK APPROPRIATE BOXES	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
MANIFEST NO.		USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.		→	LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XXXXX		ILD984908202						<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRACTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[illegible]

SIGNATED FACILITY NAME AND ADDRESS 500 VILLA STREET	SAFETY-KLEEN CORP. ELGIN, IL 60120	USA EPA ID NO.	IL000005911
		STATE ID NO.	0314380001

RECEIVED SECTION VIOUS DIT NO	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$

LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
DP	566

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

*This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Brian Chapas

Print Customer Name:

By: Brian Chapas
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	\$160.50

CREDIT CARD NO.															AMEX		EXP. DATE			
VISA																				
MC																				
TOWER REFERENCE																				
INFORMATION																				

IN THE EVENT OF AN
EMERGENCY CALL
1-800-468-1760 (24 hours)

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 6/95)



1000 N Randall Road
Elgin, IL 60123-7857



FOR SERVICE CALL TRANSFER
647 468-6510 ED GUGL-ELMI

CUSTOMER

5-034-01-2453-3

C & C MACH TOOL SERV INC

DOWNERS GROVE IL 60515

5024 Chase

BILL

Wear Address

SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
96-42	27	225024
CREDIT CODE	PREV. BALANCE	BAL OVER 60 DAYS
	160.50	
BUSINESS TYPE	CHAIN	OUTER COUNTY
04	NO	NO
SVC. P/C	PROD. P/C	
292	105	
TAX EXEMPTION NUMBER		

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
102396	0527		630-810-0484	14-210-2052					.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCH DATE (YY MM)	INV. CODE	PROMO NO.	RELEASE NO.
1	0051000	00041130	HANDI CLEAN	1	80.25	0.00	80.25	0.00	1 501		6					
2	0051000	00044132		1	80.25	0.00	80.25	0.00	1 501		6					
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL SERVICE/PRODUCTS	160.50	0.00	160.50	0.00	CHECK APPROPRIATE BOXES	GOOD POOR	YES NO	YES NO
MANIFEST NO. XXXXX	USEPA TRANSPORTER ID NO. ILD984908202	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.	MACHINE CONDITION & CLEANLINESS	DECALS IN PLACE AND LEGIBLE	MACHINE PROPERLY GROUNDED		
				LAMP ASSEMBLY CONDITION	FUSIBLE LINK INSTALLED	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
					EMERGENCY CLOSING OF LID UNOBSTRUCTED	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5163055	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)	2 DM	14	G	96 501	2	0 TO 220 LBS/MONTH
HA1993 PGIII (D001) (D006, D008, D018, D035D039D040) (ERG128)						220 LBS. TO 2,200 LBS/MONTH
						GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	IL 0000805911
1500 VILLA STREET	ELGIN, IL 60120	STATE ID NO.	C3143800C1

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		TODAY'S SERVICE/SALE
INVOICE #	AMOUNT \$	PREVIOUS BALANCE AS FOLLOWS
INVOICE #	AMOUNT \$	
PREVIOUS CREDIT CARD NO.		
CREDIT CARD NO.		
AMEX	VISA	MC
EXP. DATE		

LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
DP	556

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Print Customer Name: Brian Chapas

By: [Signature]

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	160.50
USA	225024
USA	225024

CUSTOMER REFERENCE



1000 North Randall Road
Elgin s 60123-7857



FOR SERVICE CALL

TRANSPORTER

847 468-6510 ED GUC ELMI

GENERATOR

5-034-01-2453-3

C & C MACH TOOL SERV INC

DOWNERS GROVE IL 60515

5024 Chase Rd

B I L L

Address Change

SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
96-36	27	033006
CREDIT CODE	PREV. BALANCE	BAL OVER 60 DAYS
C		
BUSINESS TYPE	CHAIN	OUTER COUNTY
09	NO	NO
SVC. P/C	PROD. P/C	
292	109	
TAX EXEMPTION NUMBER		

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9-6-96	8527		630-810-0484	14-210-2052					.0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	RE MARKS	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WM DISCOUNT	SOLVENT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCH DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.
1	0051000	00041130	HANDI CLEAN	1	80.25	0.00	80.25	0.00	CLEAN		6					
2	0051000	00044132		1	80.25	0.00	80.25	0.00	CLEAN		6					
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

TOTAL-SERVICE/PRODUCTS

160.50

0.00

160.50 0.00

CHECK APPROPRIATE BOXES

MACHINE CONDITION & CLEANLINESS
LAMP ASSEMBLY CONDITION

GOOD POOR
☒ ☐
☒ ☐

DECALS IN PLACE AND LEGIBLE
FUSIBLE LINK INSTALLED
EMERGENCY CLOSING OF LID UNOBSTRUCTED

YES NO
☒ ☐
☒ ☐
☒ ☐

MACHINE PROPERLY GROUNDED
LOCAL PHONE NO STICKER AFFIXED TO MACHINE
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

YES NO
☒ ☐
☒ ☐
☒ ☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD 984908202		

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)
NA1993 PG111(D001) (D006, D009, D018, D035D039D040) (ERG#128)

12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
1	19	G	501

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES
0 TO 220 LBS/MONTH
220 LBS TO 2,200 LBS/MONTH
GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.
1500 VILLA STREET	ELGIN, IL 60120

USA EPA ID NO.	ILD000805911
STATE ID NO.	0314380001

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INVOICE #	AMOUNT \$	INVOICE #
AMOUNT \$		
PREVIOUS CREDIT CARD NO.		

LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
DP	632

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.
Print Customer Name
By: Mark Chapus
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WM DISCOUNT (FROM ABOVE)	
TOTAL DUE	160.50

CREDIT CARD NO.	EXP. DATE
CUSTOMER REFERENCE INFORMATION	

IN THE EVENT OF AN EMERGENCY CALL
1-800-368-1760 (24 hours)

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE
--

USA 03300.0
U.S.A 033006



AquaWorks® MPC Cleaning Solution
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: AquaWorks®MPC Cleaning Solution

SYNONYM(S): Not available

PRODUCT PART NUMBER: 6321

PRODUCT USE: Aqueous alkaline cleaning solution for the removal of grease, oil, dirt, dust, grime, and other soils from a variety of metal and non-metal surfaces. If this product is used in combination with other products, refer to the Material Safety Data Sheets for those products

	24-HOUR EMERGENCY TELEPHONES	
	MEDICAL:	TRANSPORTATION (SPILL):
These numbers are for emergency use only. If you desire non-emergency product information, please call a telephone number listed below.	1-800-752-7869	1-800-468-1760 (USA)
	Extension 2	1-513-996-6666 (CANADA)
	or 1-312-906-5184	(call collect)

MANUFACTURER:
The ArmaKleen Company
469 North Harrison Street
Princeton, NJ 08543
USA
(609) 683-6900

SUPPLIER:
Safety-Kleen Corp.
1301 Gervais Street, Suite 300
Columbia, SC 29201
USA
1-803-933-4200

TECHNICAL INFORMATION: 1-800-824-0866

SAFETY-KLEEN MSDS FORM NUMBER: 82783
The ArmaKleen Company MSDS NUMBER: 803

ISSUE: Original

ORIGINAL ISSUE: June 16, 1999

SUPERSEDES: New

PREPARED BY: Product MSDS Coordinator

APPROVED BY: MSDS Task Force

MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 2: COMPOSITION/INFORMATION ON INGREDIENTS

WT%	NAME	SYNONYM	CAS NO.	OSHA PEL		ACGIH TLV®		LD ^a	LC ^b
				TWA	STEL	TWA	STEL		
0.5 to 1.5	Sodium carbonate monohydrate	Soda ash	497-19-8	N.Av.	N.Av.	N.Av.	10mg/m ³ ,c	>3000	N.Av.
0.5 to 1.6	Alcohols, C9-C11, ethoxylated	Linear primary alcohol ethoxylate	68420-46-8	N.Av.	N.Av.	N.Av.	N.Av.	>2700	N.Av.
0.5 to 1.5	3,3,5-Trimethylbenzoic acid	Isobutanoic acid	5302-10-1	N.Av.	N.Av.	N.Av.	N.Av.	N.Av.	N.Av.

N.Av. = Not Available ^aOral-Rat LD₅₀(mg/kg) ^bInhalation LC ^cParticulates Not Otherwise Classified (PNOC)

SECTION 3: HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

APPEARANCE

Liquid, clear, light amber color, mild detergent odor.

CAUTION!

HEALTH HAZARDS

May irritate the respiratory tract (nose, throat, and lungs), eyes, skin, and digestive tract.

POTENTIAL HEALTH EFFECTS

INHALATION (BREATHING): High concentrations of vapor or mist may irritate the respiratory tract (nose, throat, and lungs).

EYES: May cause slight to moderate irritation.

SKIN: May cause slight to moderate irritation. Not likely to be absorbed through the skin in harmful amounts.

INGESTION (SWALLOWING): May irritate the digestive tract.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Individuals with pre-existing respiratory tract (nose, throat, and lungs), eye, and/or skin disorders may have increased susceptibility to the effects of exposure.

CHRONIC: Prolonged or repeated eye contact may cause inflammation of the membrane lining the eyelids and covering the eyeball (conjunctivitis). Prolonged or repeated skin contact may cause drying, cracking, redness, itching, and/or swelling (dermatitis).

AquaWorks™ MPC Cleaning Solution
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

CANCER INFORMATION: No known carcinogenicity. For more information, see **SECTION 11: CARCINOGENICITY**.

POTENTIAL ENVIRONMENTAL EFFECTS
Not available. Also see **SECTION 12: ECOLOGICAL INFORMATION**.

SECTION 4: FIRST AID MEASURES

INHALATION: (BREATHING) Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Oxygen should only be administered by qualified personnel. Someone should stay with victim. Get medical attention if breathing difficulty persists.

EYES: If irritation or redness from exposure to vapor develops, move away from exposure into fresh air. Upon contact, immediately flush eyes with plenty of lukewarm water, holding eyelids apart, for 15 minutes. Get medical attention.

SKIN: Remove contaminated clothing and shoes. Wash skin thoroughly with soap and water. Get medical attention if irritation or pain develops or persists.

INGESTION: (SWALLOWING) Immediately get medical attention. Call medical emergency telephone number (see **SECTION 1**) for additional information. Do NOT induce vomiting. If spontaneous vomiting occurs, keep head below hips to avoid breathing the product into the lungs. Never give anything to an unconscious person by mouth.

NOTE TO PHYSICIANS: Treat symptomatically and supportively. Ingesting large amounts of product may cause systemic alkalosis. Treatment may vary with condition of victim and specifics of incident. Call medical emergency telephone number (see **SECTION 1**) for additional information.

SECTION 5: FIRE FIGHTING MEASURES

FLASH POINT: >212°F (>100°C)

FLAMMABLE LIMITS IN AIR: Not applicable

AUTOIGNITION TEMPERATURE: Not applicable.

HAZARDOUS COMBUSTION PRODUCTS: Product itself does not burn, but may decompose upon heating to produce carbon monoxide, carbon dioxide, sulfur oxides, and nitrogen oxides.

AquaWorks[™] MPC Cleaning Solution
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

**CONDITIONS OF
FLAMMABILITY:**

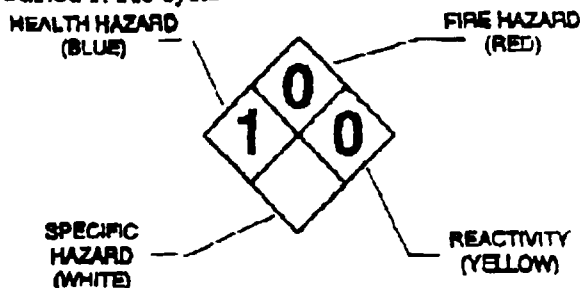
Product will not burn.

EXTINGUISHING MEDIA:

Not applicable.

**NFPA 704
HAZARD
IDENTIFICATION:**

This information is intended solely for the use by individuals trained in this system



**FIRE FIGHTING
INSTRUCTIONS:**

Keep storage containers cool with water spray.
A positive-pressure, self-contained breathing apparatus (SCBA) and full-body protective equipment are required for fire emergencies.

**FIRE AND
EXPLOSION HAZARDS:**

Heated containers may rupture. "Empty" containers may retain residue and can be dangerous. Not sensitive to mechanical impact or static discharge.

SECTION 6: ACCIDENTAL RELEASE MEASURES

Spilled product is slippery. Do not touch or walk through spilled product. Stop leak if you can do it without risk. Wear protective equipment and provide engineering controls as specified in **SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION**. Isolate hazard area. Keep unnecessary and unprotected personnel from entering. Ventilate area and avoid breathing vapor or mist. Contain away from surface waters and sewers. Contain spill as a liquid for possible recovery or sorb with compatible sorbent material and shovel with a clean tool into a sealable container for disposal.

Additionally, for large spills. Dike far ahead of liquid spill for collection and later disposal.

There may be specific regulatory reporting requirements associated with spills, leaks, or releases of this product. Also see **SECTION 15: REGULATORY INFORMATION**.

Material Safety Data Sheet
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 7: HANDLING AND STORAGE

HANDLING: Use clean tools. Do not breathe vapor or mist. Use in a well ventilated area. Avoid contact with eyes, skin, clothing, and shoes.

SHIPPING AND STORING: Keep container tightly closed when not in use and during transport. Store containers in a cool, dry place. Empty product containers may retain product residue and can be dangerous.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS: Provide general ventilation needed to maintain concentration of vapor or mist below applicable exposure limits. Where adequate general ventilation is unavailable, use process enclosures, local exhaust ventilation, or other engineering controls to control airborne levels below recommended exposure limits.

PERSONAL PROTECTIVE EQUIPMENT

RESPIRATORY PROTECTION: Use NIOSH-certified, combination N-, P-, or R- series particulate respiratory protective equipment when concentration of vapor or mist exceeds applicable exposure limits. Selection and use of respiratory protective equipment should be in accordance in the USA with OSHA General Industry Standard 29 CFR 1910.134; or in Canada with CSA Standard Z94.4.

EYE PROTECTION: Where eye contact is likely, wear chemical goggles; contact lens use is not recommended.

SKIN PROTECTION: Where skin contact is likely, wear nitrile, neoprene, or equivalent protective gloves; use of polyvinyl alcohol (PVA) or equivalent gloves is not recommended.

To avoid prolonged or repeated contact where spills and splashes are likely, wear appropriate chemical-resistant faceshield, boots, apron, whole body suits, or other protective clothing.

PERSONAL HYGIENE: Use good personal hygiene. Wash thoroughly with soap and water after handling and before eating, drinking, or using tobacco products. Clean contaminated clothing, shoes, and protective equipment before reuse. Discard contaminated clothing, shoes, or protective equipment if they cannot be thoroughly cleaned. Discard leather articles, such as shoes, saturated with the product.

MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

OTHER
PROTECTIVE
EQUIPMENT:

Where spills and splashes are likely, facilities storing or using this product should be equipped with an emergency eyewash and shower, both equipped with clean water, in the immediate work area.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL STATE,

APPEARANCE, AND ODOR:

Liquid, clear, light amber color, mild detergent odor.

ODOR THRESHOLD:

Not available.

MOLECULAR WEIGHT:

Not applicable.

SPECIFIC GRAVITY:

1 (water = 1).

DENSITY:

8.3 LB/US gal (1000 g/l)

VAPOR DENSITY:

Less than 1 (air = 1)

VAPOR PRESSURE:

17.5 mm Hg at 68°F (20°C)

BOILING POINT:

212°F (100°C)

FREEZING/MELTING POINT:

32°F (0°C)

pH:

11.5

EVAPORATION RATE:

Less than 1 (butyl acetate = 1)

SOLUBILITY IN WATER:

Complete.

FLASH POINT:

>212°F (100°C).

FLAMMABLE LIMITS IN AIR:

Not applicable.

AUTOIGNITION TEMPERATURE:

Not applicable.

SECTION 10: STABILITY AND REACTIVITY

STABILITY:

Stable under normal temperatures and pressures.

INCOMPATIBILITY:

Avoid acids, oxidizing agents, or reducing agents.

AquaWorks® MPC Cleaning Solution
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

REACTIVITY: Polymerization is not known to occur under normal temperatures and pressures. Not reactive with water.

HAZARDOUS DECOMPOSITION PRODUCTS: None under normal temperatures and pressures. See also **SECTION 5: HAZARDOUS COMBUSTION PRODUCTS**.

SECTION 11: TOXICOLOGICAL INFORMATION

SENSITIZATION: Based on best current information, there is no known human sensitization associated with this product.

MUTAGENICITY: Based on best current information, there is no known mutagenicity associated with this product.

CARCINOGENICITY: Based on best current information, there is no known carcinogenicity as regulated by OSHA; as categorized by ACGIH A1 or A2 substances; as categorized by IARC Group 1, Group 2A, or Group 2B agents; or as listed by NTP as either known carcinogens or substances for which there is limited evidence of carcinogenicity in humans or sufficient evidence of carcinogenicity in experimental animals.

REPRODUCTIVE TOXICITY: Based on best current information, there is no known reproductive toxicity associated with this product.

TERATOGENICITY: Based on best current information, there is no known teratogenicity associated with this product.

TOXICOLOGICALLY SYNERGISTIC PRODUCT(S): Based on best current information, there are no known toxicologically synergistic products associated with this product.

SECTION 12: ECOLOGICAL INFORMATION

ECOTOXICITY: 10 to 100 ppm aquatic LC₅₀ (approximately)

OCTANOL/WATER PARTITION COEFFICIENT: Not available.

AquaWorks® MPC Cleaning Solution
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

**VOLATILE ORGANIC
COMPOUNDS:**

0 WT%; 0 LB/US gal; 0 g/l
As per 40 CFR Part 51.100(s).

SECTION 13: DISPOSAL CONSIDERATIONS

DISPOSAL:

Dispose in accordance with federal, state, provincial, and local regulations. Regulations may also apply to empty containers. The responsibility for proper waste disposal lies with the owner of the waste. Contact Safety-Kleen regarding recycling or proper disposal.

**USEPA WASTE
CODE(S):**

This product, if discarded is not expected to be a characteristic or listed hazardous waste. Processing, use, or contamination by the user may change the waste code(s) applicable to the disposal of this product.

SECTION 14: TRANSPORT INFORMATION

DOT:

Not regulated.

TDG:

Not regulated.

**EMERGENCY RESPONSE
GUIDE NUMBER:**

Not applicable.
Reference *North American Emergency Response Guidebook*

SECTION 15: REGULATORY INFORMATION

USA REGULATIONS

**SARA SECTIONS
302 AND 304:**

This product does not contain any "extremely hazardous substances" listed pursuant to Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) Section 302 or Section 304 as identified in 40 CFR Part 355, Appendix A and B.

**SARA SECTIONS
311 AND 312:**

This product poses the following health hazards as defined in 40 CFR Part 370 and is subject to the requirements of sections 311 and 312 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA):

Immediate (Acute) Health Hazard
Delayed (Chronic) Health Hazard

Aquaworks MFC Cleaning Solution
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SARA SECTION 313: This product does not contain toxic chemicals subject to the requirements of section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372.

CERCLA: This product does not contain any "hazardous substances" listed pursuant to the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA) in 40 CFR Part 302, Table 302.4.

TSCA: All the components of this product are listed on, or are exempted from the requirement to be listed on, the TSCA inventory.

CALIFORNIA: This product does not contain detectable amounts of any chemical known to the State of California to cause cancer.

This product does not contain detectable amounts of any chemical known to the State of California to cause birth defects or other reproductive harm.

CANADIAN REGULATIONS

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations.

WHMIS: Class D2B

**CANADIAN
ENVIRONMENTAL
PROTECTION ACT
(CEPA):**

All the components of this product are listed on, or are exempted from the requirement to be listed on, the Canadian Domestic Substances List (DSL).

SECTION 16: OTHER INFORMATION

REVISION INFORMATION: New product.

LABEL/OTHER INFORMATION: Not available

User assumes all risks incident to the use of this product. To the best of our knowledge, the information contained herein is accurate. However, The Amek-Kleen Company assumes no liability whatsoever for the accuracy or completeness of the information contained herein. No representations or warranties, either expressed or implied, or merchantability, fitness for a particular purpose or of any other nature are made hereunder with respect to information or the product to which information refers. The data contained on this sheet apply to the product as supplied to the user.

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SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782

MATERIAL SAFETY DATA SHEET FOR USA AND CANADA



SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782

SYNONYM(S): Not applicable.

**PRODUCT PART
NUMBER:** 6782

PRODUCT USE: Paint gun cleaner.
If this product is used in combination with other products, refer to the
Material Safety Data Sheets for those products.

	24-HOUR EMERGENCY PHONE NUMBERS	
These numbers are for emergency use only. If you desire non-emergency product information, please call a phone number listed below.	MEDICAL:	TRANSPORTATION (SPILL):
	1-800-752-7869	1-800-468-1760 (USA)
	Extension 2	1-613-996-6666 (CANADA)
	or	(call collect)
	1-312-906-6194	

SUPPLIER: Safety-Kleen Corp.
1301 Gervais Street, Suite 300
Columbia, SC 29201
USA
1-803-933-4200

TECHNICAL INFORMATION: 1-800-669-5740, Extension 7500

MSDS FORM NUMBER: 82343

ISSUE: March 6, 2000

ORIGINAL ISSUE: July 20, 1989

SUPERSEDES: April 11, 1997

PREPARED BY: Product MSDS Coordinator

APPROVED BY: MSDS Task Force

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 2: COMPOSITION/INFORMATION ON INGREDIENTS

WT%	NAME	SYNONYM	CAS NO.	OSHA PEL		ACGIH TLV [®]		LC ⁵⁰	LC ⁵⁰
				TWA (ppm)	STEL (ppm)	TWA (ppm)	STEL (ppm)		
30-60	Toluene	Methylbenzene	108-88-3	200	300 (ceiling)	50 (skin)	N. Av.	838 (14100 u/l kg ⁰)	49000 mg/ m ³ / 4 hours
0-60*	Methyl ethyl ketone	Butanone, 2-	78-93-3	200	N.Av.	200	300	2737 (8480 mg/ kg ⁰)	23500 mg/ m ³ / 8 hours
0-60*	Methyl propyl ketone	2-Pentanone	107-87-9	200	N. Av.	200	250	1800 (8500 mg/ kg ⁰)	N. Av.
0-60*	Methyl isobutyl ketone	Hexone	108-10-1	100	N.Av.	50	75	2080 (>20 ml/ kg ⁰)	N. Av.
0-60*	2-Heptanone	Methyl n-amyl ketone	110-43-0	100	N.Av.	50	N.Av.	1670 ^g	N.Av.
0-60*	C ₅ to C ₈ Aliphatic hydrocarbons	Low boiling hydrocarbons	54741-89-6	1000 ^h	N. Av.	800 ^h	N. Av.	N. Av.	364000 mg/ m ³ / 4 hours ^h
0-60*	C ₉ to C ₁₃ Aliphatic hydrocarbons	Medium boiling hydrocarbons	8030-30-6	500 ⁱ	N.Av.	100 ⁱ	N.Av.	>5000 ⁱ	>5500 mg/ m ³ / 4 hours ⁱ
0-30*	Ethylbenzene	Phenylethane	100-41-4	100	N.Av.	100	125	3500 (17800 u/l kg ⁰)	N.Av.
0-20*	Acetone	Dimethyl ketone	67-64-1	1000	N.Av.	600	750	5800	50100 mg/ m ³ / 8 hours
0-17*	Isopropyl acetate	Acetoxypropane, 2-	108-21-4	250	N.Av.	100	200	6750 (>20 ml/ kg ⁰)	50000 mg/ m ³ / 8 hours
0-17*	Ethyl acetate	Acetic acid ethyl ester	141-78-6	400	N.Av.	400	N.Av.	5620 (>20 ml/ kg ⁰)	45000 mg/ m ³ / 2 hours
0-17*	Isobutyl acetate	Methyl propyl acetate, 2-	110-19-0	150	N.Av.	150	N.Av.	13400 (>17400 mg/ kg ⁰)	N. Av.
0-17*	N-Butyl acetate	Butyl ethanoate	123-88-4	150	N.Av.	150	200	10768 (>17600 mg/ kg ⁰)	2000 ppmv 4 hours
0-17*	Propylene glycol methyl ether acetate	Methoxy-2-propanol acetate, 1-	108-65-6	100 ^d	N.Av.	N.Av.	N.Av.	8532 (>9000 mg/ kg ⁰)	4345 ppmv 6 hours
0-17*	Ethyl 3-ethoxypropionate	Ethyl beta-ethoxy propionate	763-69-8	50 ^f	100 ^f	N.Av.	N.Av.	4300	>1000 ppmv 8 hours

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782

MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

WT%	NAME	SYNONYM	CAS NO.	OSHA PEL		ACGIH TLV [®]		LD ^a	LC ^b
				TWA (ppm)	STEL (ppm)	TWA (ppm)	STEL (ppm)		
0-13*	Xylene	Dimethylbenzene	1330-20-7	100	N.Av.	100	150	4300 (>1700 mg/ kg ^c)	6000 ppmv 4 hours
0-10*	Ethyl alcohol	Ethanol	64-17-8	1000	N.Av.	1000	N.Av.	7060 (20000 mg/ kg ^c)	20000 ppmv 10 hours
0-10*	Iso-Propyl alcohol	Isopropanol	67-63-0	400	N.Av.	400 ^e	500 ^e	5045 (12800 mg/ kg ^c)	16000 ppmv 8 hours
0-10*	N-Butyl alcohol	Butanol	71-36-3	100	N. Av.	50 ^k (skin) (ceiling)	N. Av.	790 (3400 mg/ kg ^c)	8000 ppmv 4 hours
0-10*	Tert-Butanol	Trimethylmethanol	75-65-0	100	N. Av.	100	N. Av.	3500	N. Av.
0-4*	Methyl alcohol	Methanol	67-56-1	200 (skin)	N.Av.	200 (skin)	250	5628 (15800 mg/ kg ^c)	54000 ppmv 4 hours
0-1*	1,1,1-Trichloroethane	Methyl chloroform	71-55-6	350	N.Av.	350	450	9600	18000 ppmv 4 hours
0-1*	Methylene chloride	Dichloromethane	75-09-2	25	125 (16 minutes)	50	N.Av.	1800	N.Av.
0-1*	Perchloroethylene	Tetrachloroethylene	127-18-4	100	200 (ceiling)	25	100	2629 (>10000 mg/ kg ^c)	34200 mg/ m3/ 8 hours

N.Av. = Not Available

* Even though the concentration range does not fall under the ranges prescribed by WHMIS, this is the actual range which varies with each batch of the product.

^aOral-Rat LD₅₀ (mg/kg)

^bInhalation-Rat LC₅₀

^cSkin-Rabbit LD₅₀

^dAHA recommended

^eNotice of Intended Changes: 200 ppm TWA and 400 ppm STEL

^fManufacturer recommended.

^gSkin-Rabbit LD₅₀ 12.6 ml/kg

^hBased on Pentane

ⁱBased on Stoddard Solvent

^kNotice of Intended Changes: 25 ppm (ceiling)

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 3: HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

APPEARANCE

Liquid, clear and colorless, solvent odor.

WARNING!

PHYSICAL HAZARDS

Extremely flammable liquid and vapor.

Vapor may cause flash fire.

HEALTH HAZARDS

May be harmful if inhaled.

May irritate eyes.

May be harmful if absorbed through the skin.

May be harmful if swallowed.

Suspect cancer hazard. Contains material (maximum 1 WT%) which may cause cancer. Risk of cancer depends on duration and level of exposure.

Contains material which may cause birth defects.

Contains material which may cause heart, liver, kidney, brain, eye, and central nervous system damage.

POTENTIAL HEALTH EFFECTS

INHALATION (BREATHING): High vapor or mist concentrations may be harmful if inhaled. High concentrations of vapor or mist may cause nausea, vomiting, headaches, dizziness, loss of coordination, numbness, irregular heartbeat, drowsiness, and other central nervous system effects. High concentrations of vapor or mist may cause liver or kidney damage. Massive acute overexposure may cause rapid central nervous system depression, sudden collapse, coma, and/or death.

EYES: May cause severe irritation tearing, redness, swelling, burns, and eye damage.

SKIN: May cause irritation leading to dermatitis or blistering. Toluene, methyl alcohol, and n-butyl alcohol may be absorbed through the skin and cause harm as noted under **INHALATION (BREATHING)**.

INGESTION (SWALLOWING): May be harmful if swallowed. May cause throat irritation, nausea, vomiting, diarrhea, and central nervous system effects as noted under **INHALATION (BREATHING)**. Breathing product into the lungs during ingestion or vomiting may cause lung injury and possible death.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Individuals with pre-existing cardiovascular, liver, kidney, respiratory tract (nose, throat, and lungs), central nervous system, eye, and/or skin disorders may have increased susceptibility to the effects of exposure.

CHRONIC: Prolonged or repeated inhalation may cause heart, liver, central nervous system, and kidney damage; and/or toxic effects as noted under **INHALATION (BREATHING)**. Prolonged or repeated eye contact may cause inflammation of the membrane lining the eyelids and covering the eyeball (conjunctivitis); burns, and/or eye damage. Prolonged or repeated skin contact may cause drying, cracking, redness, itching, and/or swelling (dermatitis); and/or blistering.

CANCER INFORMATION: This product contains methylene chloride and perchloroethylene which may cause cancer. Risk of cancer depends on duration and level of exposure. For more information, see **SECTION 11: CARCINOGENICITY**.

Also see **SECTION 15: CALIFORNIA**.

POTENTIAL ENVIRONMENTAL EFFECTS

Not available. Also see **SECTION 12: ECOLOGICAL INFORMATION**.

SECTION 4: FIRST AID MEASURES

INHALATION: (BREATHING) Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Oxygen should only be administered by qualified personnel. Someone should stay with victim. Get medical attention if breathing difficulty persists.

EYES: If irritation or redness from exposure to vapor develops, move away from exposure into fresh air. Upon contact, immediately flush eyes with plenty of lukewarm water, holding eyelids apart, for 15 minutes. Get medical attention.

SKIN: Remove affected clothing and shoes. Wash skin thoroughly with soap and water. Get medical attention if irritation or pain develops or persists.

INGESTION: (SWALLOWING) Do NOT induce vomiting. Immediately get medical attention. Call 1-800-752-7869, extension 2 or 1-312-906-6194 for additional information. If spontaneous vomiting occurs, keep head below hips to avoid breathing the product into the lungs. Never give anything to an unconscious person by mouth.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

**NOTE TO
PHYSICIANS:**

Treat symptomatically and supportively. Increased sensitivity of the heart to Adrenaline (epinephrine) may be caused by overexposure to product. Administration of gastric lavage, if warranted, should be performed by qualified medical personnel. Treatment may vary with condition of victim and specifics of incident. Call 1-800-752-7869, extension 2 or 1-312-906-6194 for additional information.

SECTION 5: FIRE FIGHTING MEASURES

FLASH POINT: less than 70°F (21°C) Tag Closed Cup

FLAMMABLE LIMITS IN AIR: **LOWER:** 1 VOL% (approximately)
UPPER: 13 VOL% (approximately)

**AUTOIGNITION
TEMPERATURE:** 800°F (427°C) (approximately)

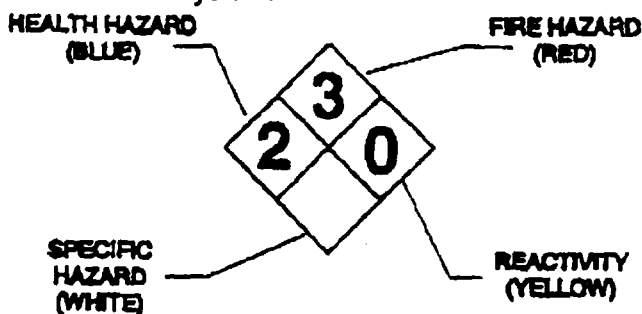
**HAZARDOUS COMBUSTION
PRODUCTS:** Decomposition and combustion materials may be toxic. Burning may produce phosgene, chlorides, chloroacetylenes, formaldehyde, peracetic acid, carbon monoxide, and unidentified organic compounds.

**CONDITIONS OF
FLAMMABILITY:** Heat, sparks, or flame.

EXTINGUISHING MEDIA: Carbon dioxide, alcohol-resistant foam, dry chemical, or water spray.

**NFPA 704
HAZARD
IDENTIFICATION:**

This information is intended solely for the use by individuals trained in this system.



**FIRE FIGHTING
INSTRUCTIONS:**

Keep storage containers cool with water spray. A positive-pressure, self-contained breathing apparatus (SCBA) and full-body protective equipment are required for fire emergencies.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

**FIRE AND
EXPLOSION HAZARDS:**

Vapor explosion hazard indoors, outdoors, or in sewers. Vapors may travel to ignition source and flashback. Vapors will spread along the ground and collect in low or confined areas. Run-off to sewer may create a fire or explosion hazard. Heated containers may rupture, explode, or be thrown into the air. "Empty" containers may retain residue and can be dangerous. Not sensitive to mechanical impact. Product may be sensitive to static discharge, which could result in fire or explosion.

SECTION 6: ACCIDENTAL RELEASE MEASURES

Remove all ignition sources. Do not touch or walk through spilled product. Stop leak if you can do it without risk. Wear protective equipment and provide engineering controls as specified in **SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION**. Isolate hazard area. Keep unnecessary and unprotected personnel from entering. Ventilate area and avoid breathing vapor or mist. A vapor suppressing foam may be used to reduce vapors. Contain spill away from surface waters and sewers. Contain spill as a liquid for possible recovery or sorb with compatible sorbent material and shovel with a clean, sparkproof tool into a sealable container for disposal.

Additionally, for large spills: Water spray may reduce vapor, but may not prevent ignition in closed spaces. Dike far ahead of liquid spill for collection and later disposal.

There may be specific federal regulatory reporting requirements associated with spills, leaks, or releases of this product. Also see **SECTION 15: REGULATORY INFORMATION**.

SECTION 7: HANDLING AND STORAGE

HANDLING:

Keep away from heat, sparks, or flame. Where flammable mixtures may be present, equipment safe for such locations should be used. Use clean, sparkproof tools and explosion-proof equipment. When transferring product, metal containers, including trucks and tank cars, should be grounded and bonded. Do not breathe vapor or mist. Use in a well ventilated area. Avoid contact with eyes, skin, clothing, and shoes. Do not smoke while using this product.

**SHIPPING AND
STORING:**

Keep container tightly closed when not in use and during transport. Store containers in a cool place. Do not pressurize, cut, weld, braze, solder, drill, or grind containers. Keep containers away from heat, flame, sparks, static electricity, or other sources of ignition; containers may explode and cause injury or death. Empty product containers may retain product residue and can be dangerous. See **SECTION 14: TRANSPORT INFORMATION** for Packing Group information.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS: Provide general ventilation needed to maintain concentration of vapor or mist below applicable exposure limits. Where adequate general ventilation is unavailable, use process enclosures, local exhaust ventilation, or other engineering controls to control airborne levels below recommended exposure limits. Where explosive mixtures may be present, equipment safe for such locations should be used.

PERSONAL PROTECTIVE EQUIPMENT

RESPIRATORY PROTECTION: Use NIOSH-certified, air-supplied respirators (self-contained breathing apparatus) or air-line when concentrations of methanol or methylene chloride may exceed applicable exposure limits. Use NIOSH-certified, full-face respirators with organic vapor cartridges respiratory protective equipment when concentration of vapor or mist of any of the other components exceeds applicable exposure limits. Selection and use of respiratory protective equipment should be in accordance in the USA with OSHA General Industry Standard 29 CFR 1910.134; or in Canada with CSA Standard Z94.4.

EYE PROTECTION: Where eye contact is likely, wear chemical goggles; contact lens use is not recommended.

SKIN PROTECTION: Where skin contact is likely, wear Viton®, polyvinyl alcohol (PVA), laminate, or equivalent protective gloves; use of natural rubber (latex), polyvinyl chloride (PVC), neoprene, or equivalent gloves is not recommended.

To avoid prolonged or repeated contact where spills and splashes are likely, wear appropriate chemical-resistant faceshield, boots, apron, whole body suits, or other protective clothing.

PERSONAL HYGIENE: Use good personal hygiene. Wash thoroughly with soap and water after handling product and before eating, drinking, or using tobacco products. Clean affected clothing, shoes, and protective equipment before reuse. Discard affected clothing, shoes, or protective equipment if they cannot be thoroughly cleaned. Discard leather articles, such as shoes, saturated with the product.

OTHER PROTECTIVE EQUIPMENT: Where spills and splashes are likely, facilities storing or using this product should be equipped with an emergency eyewash and shower, both equipped with clean water, in the immediate work area.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL STATE, APPEARANCE, AND ODOR:	Liquid, clear and colorless, solvent odor.
ODOR THRESHOLD:	Not available.
MOLECULAR WEIGHT:	Not available.
SPECIFIC GRAVITY:	0.83 (water = 1) (approximately)
DENSITY:	6.9 lb/US gal (830 g/l) (approximately)
VAPOR DENSITY:	2.2 to 3.9 (air = 1) (approximately)
VAPOR PRESSURE:	86 mm Hg at 68°F (20°C) 205 mm Hg at 100°F (38°C)
BOILING POINT:	133° to 342°F (56° to 172°C)
FREEZING/MELTING POINT:	-200° to -8° F (-129° to -22° C)
pH:	Not applicable.
EVAPORATION RATE:	3.7 (butyl acetate = 1) (based on a similar product)
SOLUBILITY IN WATER:	Slight.
FLASH POINT:	less than 70°F (21°C) Tag Closed Cup
FLAMMABLE LIMITS IN AIR:	LOWER: 1 VOL% (approximately) UPPER: 13 VOL% (approximately)
AUTOIGNITION TEMPERATURE:	800°F (427°C)

SECTION 10: STABILITY AND REACTIVITY

STABILITY:	Stable under normal temperatures and pressures. Avoid heat, sparks, or flame.
INCOMPATIBILITY:	Avoid acids, alkalies, oxidizing agents, reducing agents, reactive halogens, or reactive metals.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

REACTIVITY: Polymerization is not known to occur under normal temperatures and pressures. Not reactive with water.

HAZARDOUS DECOMPOSITION PRODUCTS: None under normal temperatures and pressures. See also **SECTION 5: HAZARDOUS COMBUSTION PRODUCTS.**

SECTION 11: TOXICOLOGICAL INFORMATION

SENSITIZATION: Based on best current information, there is no known human sensitization associated with this product.

MUTAGENICITY: Perchloroethylene has demonstrated human effects of mutagenicity. Toluene, xylene, ethylbenzene, ethyl alcohol, isopropyl alcohol, methyl alcohol, ethyl acetate, 1,1,1-trichloroethane, and methylene chloride have demonstrated experimental effects of mutagenicity.

Based on best current information, the other components listed in **SECTION 2** are not mutagens.

CARCINOGENICITY: Methylene chloride is regulated by OSHA as a carcinogen. Perchloroethylene is categorized by IARC as probably carcinogenic to humans (Group 2A). Methylene chloride is categorized by IARC as possibly carcinogenic to humans (Group 2B). Perchloroethylene and methylene chloride are listed by NTP as having limited evidence of carcinogenicity in humans or sufficient evidence of carcinogenicity in experimental animals.

Ethylbenzene (under the Notice of Intended Changes), methylene chloride, and perchloroethylene are categorized by ACGIH as confirmed animal carcinogens with unknown relevance to humans (A3). These agents are carcinogenic in experimental animals at a relatively high dose, by route(s) of administration, at site(s), of histologic type(s), or by mechanism(s) that may not be relevant to worker exposure. Available epidemiologic studies do not confirm an increased risk of cancer in exposed humans. Available evidence does not suggest that the agents are likely to cause cancer in humans except under uncommon or unlikely routes or levels of exposure.

There is at least one valid, positive study indicating the carcinogenic potential of tert-butanol in animals.

Based on best current information, the other components listed in **SECTION 2** are not carcinogens.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

Also see **SECTION 3: CANCER INFORMATION** and **SECTION 15: CALIFORNIA**.

REPRODUCTIVE TOXICITY:

Ethylbenzene has demonstrated animal effects of reproductive toxicity. Xylene, toluene, methyl ethyl ketone, isopropyl alcohol, methyl alcohol, ethyl alcohol, perchloroethylene, 1,1,1-trichloroethane, and methylene chloride have demonstrated experimental effects of reproductive toxicity.

Based on best current information, the other components listed in **SECTION 2** are not reproductive toxicants.

Also see **SECTION 15: CALIFORNIA**.

TERATOGENICITY:

Ethylbenzene has demonstrated animal effects of teratogenicity. Toluene, ethyl alcohol, methyl ethyl ketone, N-butyl acetate, isopropyl alcohol, methyl alcohol, n-butyl alcohol, perchloroethylene, and 1,1,1-trichloroethane have demonstrated experimental effects of teratogenicity.

Based on best current information, the other components listed in **SECTION 2** are not teratogens.

TOXICOLOGICALLY SYNERGISTIC PRODUCT(S):

Based on best current information, there are no known toxicologically synergistic products associated with this product.

SECTION 12: ECOLOGICAL INFORMATION

ECOTOXICITY:

Not available.

OCTANOL/WATER

PARTITION COEFFICIENT:

Not available.

VOLATILE ORGANIC COMPOUNDS:

80 to 100 WT%; 5.5 to 6.9 lb/US gal; 664 to 830 g/l (approx.)
As per 40 CFR Part 51.100(s).

SECTION 13: DISPOSAL CONSIDERATIONS

DISPOSAL:

Dispose in accordance with federal, state, provincial, and local regulations. Regulations may also apply to empty containers. The responsibility for proper waste disposal lies with the owner of the waste. Contact Safety-Kleen regarding recycling or proper disposal.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

USEPA WASTE CODE(S): D001, D018, D036, D039
Based on available data, this information applies to the product as supplied to the user. Processing, use, or contamination by the user may change the waste code(s) applicable to the disposal of this product.

SECTION 14: TRANSPORT INFORMATION

DOT: PAINT RELATED MATERIAL, 3, UN1263, PGII

TDG: Paint Related Material, Class 3, UN1263, PGII

EMERGENCY RESPONSE GUIDE NUMBER: 127
Reference *North American Emergency Response Guidebook*

SECTION 15: REGULATORY INFORMATION

USA REGULATIONS

SARA SECTIONS 302 AND 304: Based on the ingredients listed in **SECTION 2**, this product does not contain any "extremely hazardous substances" listed pursuant to Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) Section 302 or Section 304 as identified in 40 CFR Part 355, Appendix A and B.

SARA SECTIONS 311 AND 312: This product poses the following physical and health hazards as defined in 40 CFR Part 370 and is subject to the requirements of sections 311 and 312 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA):
Immediate (Acute) Health Hazard
Delayed (Chronic) Health Hazard
Fire Hazard

SARA SECTION 313: The following components are subject to the requirements of section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) and 40 CFR Part 372.

Material	CAS
Methyl isobutyl ketone	108-10-1
Toluene	108-88-3
Methyl ethyl ketone	78-93-3
Xylene	1330-20-7
Ethylbenzene	100-41-4
Methyl alcohol	67-58-1
N-Butyl alcohol	71-36-3
Tert-Butanol	75-85-0
1,1,1-Trichloroethane	71-55-6

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

Material	CAS
Methylene chloride	75-09-2
Perchloroethylene	127-18-4
Under the glycol ethers category:	
Propylene glycol methyl ether acetate	108-65-6

CERCLA:

Based on the ingredients listed in **SECTION 2**, this product contains the following "hazardous substances" listed under the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA) in 40 CFR Part 302, Table 302.4 with the following reportable quantities (RQ):

Material	CAS	RQ
Iso-butyl acetate	110-19-0	5000 LB (2270 kg)
N-Butyl acetate	123-86-4	5000 LB (2270 kg)
Methyl isobutyl ketone	108-10-1	5000 LB (2270 kg)
Toluene	108-88-3	1000 LB (454 kg)
Methyl ethyl ketone	78-93-3	5000 LB (2270 kg)
Xylene	1330-20-7	100 LB (45.4 kg)
Ethylbenzene	100-41-4	1000 LB (454 kg)
Acetone	67-64-1	5000 LB (2270 kg)
Methyl alcohol	67-56-1	5000 LB (2270 kg)
N-Butyl alcohol	71-36-6	5000 LB (2270 kg)
Ethyl acetate	141-78-6	5000 LB (2270 kg)
1,1,1-Trichloroethane	71-55-6	1000 LB (454 kg)
Methylene chloride	75-09-2	1000 LB (454 kg)
Perchloroethylene	127-18-4	100 LB (45.4 kg)

TSCA:

All the components of this product are listed on the TSCA Inventory.

CALIFORNIA:

This product contains detectable amounts of benzene CAS 71-43-2, methylene chloride CAS 75-09-2, and perchloroethylene CAS 127-18-4. **WARNING:** These chemicals are known to the State of California to cause cancer.

This product contains detectable amounts of benzene CAS 71-43-2 and toluene CAS 108-88-3. **WARNING:** These chemicals are known to the State of California to cause birth defects or other reproductive harm.

SAFETY-KLEEN HEAVY DUTY LACQUER THINNER 6782
MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

CANADIAN REGULATIONS

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the CPR.

WHMIS: B2, D1A, D1B, D2A, D2B

**CANADIAN
ENVIRONMENTAL
PROTECTION ACT
(CEPA):**

All the components of this product are listed on the Canadian Domestic Substances List (DSL).

SECTION 16: OTHER INFORMATION

REVISION INFORMATION:

Revised format. This MSDS has been revised in the following sections:

SECTION 2: updated composition, added Skin-rabbit LD₅₀ data.

SECTION 9: Specific gravity, Density

SECTION 11: Carcinogenicity, Reproductive Toxicity, Teratogenicity.

SECTION 12: Volatile Organic Compounds

LABEL/OTHER INFORMATION:

This product is United States Department of Agriculture (USDA) approved and Underwriter's Laboratories(UL) classified.

User assumes all risks incident to the use of this product. To the best of our knowledge, the information contained herein is accurate. However, Safety-Kleen assumes no liability whatsoever for the accuracy or completeness of the information contained herein. No representations or warranties, either express or implied, or merchantability, fitness for a particular purpose or of any other nature are made hereunder with respect to information or the product to which information refers. The data contained on this sheet apply to the product as supplied to the user.



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CHEMICAL COATINGS

PH

POLANE® PLUS ENAMEL

BlackF63 B 82
WhiteF63 W 81
ClearF63 V 83

PRODUCT DESCRIPTION

POLANE® Plus is a 3.5 VOC, two component, high gloss urethane coating providing physical and chemical properties as required for the machine tool industry and for product finishing of metal, plastic and wood surfaces.

Advantages:

1. Complies to the EPA emission regulations of 3.5 lb/gal. VOC.
2. High spreading rate due to higher solids
3. Ideal coating for Machine Tool industry with resistance to most lubricants and cutting oils.
4. Excellent chemical and stain resistance.
5. Excellent hardness, adhesion, mar and abrasion resistance.
6. Air dry or force dry curing.
7. Non-Photochemically Reactive..
8. Does not contain 1, 1, 1-trichloroethane.
9. Full gloss range. Lower glosses may be obtained by using POLANE J Plus Flattening Agent F63 T 7, or blending with POLANE T Plus.
10. Full range of colors may be blended.
11. Good durability.
12. Apply by conventional, airless or electrostatic spray.
13. The performance properties are ideal for metal surfaces as well as structural materials such as FRP, structural foams, ABS, SMC, Nylon and many other plastic and wood surfaces.

CHARACTERISTICS

Gloss:	Full
Mix Ratio:	3 parts POLANE Plus 1 part POLANE Plus Catalyst, V66 V 44 1 part MAK, R6 K 30
Volume Solids:	
As Packaged:	62-66% (depending on color)
Catalyzed and Reduced:	48-50%
Viscosity	
As Packaged:	65-110 Krebs units
Catalyzed and Reduced:	11-16 seconds Zahn #3
Spreading Rate	
As packaged:	995-1060 sq. ft./gal. at 1 mil. No loss.
Catalyzed and Reduced:	770-800 sq.ft./gal. at 1 mil. No application loss.
Package Life:	2 years
Working Pot Life:	2 to 3 hours catalyzed and reduced.
Drying:	Air Dry at 77°F, RH 50% Catalyzed with V66 V 44 (V66 V 29 is slower drying).
To Touch:	20-30 minutes
Tack Free:	30-40 minutes
Hard:	8 hours
To Pack:	Overnight
Force Dry:	30 minutes @ 140°F. 180°F
Accelerator for Faster Drying:	
When using V66 V 44 or V66 V 29, faster drying may be obtained using POLANE Accelerator V66 V B11. Add up to 1 oz. of V66 V B11 per gallon of uncatalyzed POLANE Enamel. Mix well. Then catalyze and reduce. Working pot life is reduced to 1-1.5 hours.	
Flash Point:	As packaged— 81°F Pensky- Martens Closed Cup.

Air Quality Data:

Non-Photochemically Reactive. Volatile Organic Compounds (VOC) as packaged (maximum) 2.7 lb./gal. (324 gms/ltr). As catalyzed 3:1 with V66 V 44 and reduced 25% (maximum) with R6 K 30-3.5 lb./gal. (520 gms/ltr). Free of lead and chromate hazards.

Performance Tests:

White F63 W 81 catalyzed 3:1 with V66 V 44 reduced 25% with R6 K 30 and applied at 1.5 mils DFT

SPECIFICATIONS

Surface:

Metal: Surface must be free of dirt, grease, fingerprints, and other foreign matter. Oxidation products must be removed. Chemical treatment or conversion coating gives best adhesion and performance properties. See also Metal Preparation Brochure CC-T1.

Iron or Steel:

Untreated Metal: Use Industrial Wash Primer P60 G 2 followed by POLANE Plus Primer Sealer E65 A 71. For best corrosion resistance on untreated iron or steel, prime with Catalyzed Epoxy Primer E61 R C22/V66 T C1 or High Solids catalyzed Epoxy Primer E61 R 735/V66 V 736.

Aluminum and Galvanized Steel: Prime with Industrial Wash Primer, P60 G 2.

Cast Iron: Fill with POLANE 2.8 Plus Spray Fil D61 H 75 and sand. Then apply POLANE Plus Sealer E65 A 71.

Plastic: Coating must be evaluated on customer substrate. Filler or barrier coat may be required.

Wood: Interior only. Surface must be dry, sanded, and dust free. Fill with POLANE 2.8 Plus Filler D61 H 75 and seal with POLANE 2.8 Plus Sealer E65 A 71.

Application:

Catalyzation: POLANE Plus must be catalyzed 3:1 with V66 V 44 for interior use or V66 V 29 for exterior for full gloss. Reduce 25% with MAK R6 K 30 to a viscosity of 11-16" on Zahn #3.

Note: Reduction must not exceed 25% to maintain 3.5 VOC level.

Recommended Film Thickness:

- Wet — 3.0-4.0 mils
- Dry — 1.5-2.0 mils

Spray: Apply with standard equipment — pressure or suction feed, airless or electrostatic equipment.

Clean-Up:

MAK, R6 K 30 or other ketone solvents, following supplier's safety recommendations.

Safety Cautions:

VAPOR AND SPRAY MIST HARMFUL. Gives off harmful vapor of solvents and isocyanates. DO NOT USE IF YOU HAVE CHRONIC (LONG-TERM) LUNG OR BREATHING PROBLEMS, OR IF YOU HAVE EVER HAD A REACTION TO ISO-CYANATES. USE ONLY WITH ADEQUATE VENTILATION. WHERE OVERSPRAY IS PRESENT, A POSITIVE PRESSURE AIR SUPPLIED RESPIRATOR (TC19C NIOSH/MSHA) SHOULD BE WORN TO PREVENT EXPOSURE. IF UNAVAILABLE AN APPROPRIATE PROPERLY FITTED APPROVED EQUIVALENT RESPIRATOR

(continued from column 2)

Cure: 30 minutes at 180°F and conditioned at room temperature for 14 days before testing.

Salt Spray: 100 hours—excellent—1/8" rust creepage on scribe.

Humidity: 100% RH, 100°F, 250 hours—excellent.

Water Immersion: 24 hours—excellent.

Pencil Hardness: H-2H

Taber Abrasion: <100 milligram loss for 1,000 cycles, CS 17 wheel, 1000 gm weight.

Impact: 20 in./lb. Direct.

Adhesion: Cross hatch—excellent.

Solvent resistance—MEK: 50 double rubs—slight gloss loss.

Lubricating oils, hydraulic fluids and cutting oils: excellent resistance.

Product Limitations:

1. POLANE Plus coatings must be catalyzed.
2. POLANE Catalyst V66 V 44 is recommended for interior use. POLANE Catalyst V66 V 29 is recommended for exterior exposure. V66 V 44 for exterior exposure will lead to chalking or loss of gloss. V66 V 29 produces a coating with good gloss retention but does increase the cure time. In areas having long and strong sun intensity, direct exposure can lead to chalking, gloss loss and color fading. POLANE® Plus has less color and gloss retention on exterior exposure than does POLANE® H.S.
3. Do not blend with any polyurethane other than POLANE T Plus. No other catalysts or reducers are recommended because foreign materials such as alcohols and glycols destroy performance properties. Lacquer thinners and alcohol containing solvent blends should not be used with POLANE enamels.
4. POLANE coatings are not recommended for exterior use on wood.
5. Do not spray hot. Heat shortens pot life. Do not pump catalyzed material from drums into circulating systems. Friction heat developed by pumps and circulation will shorten pot life.
6. Dipping, brushing, or flocoat application is not recommended.
7. Do not vary catalyst ratio. The catalyst ratio has been established for optimum hardness, flexibility, gloss, chemical and solvent resistance. Slight over or under catalyzation will not seriously affect performance.
8. Because of the many types and composition of plastic available, each user should test on the substrate before production use. Consult your Sherwin-Williams Representative for additional information.
9. Curing temperature must not exceed the heat distortion temperature of the plastic substrate.
10. Protect POLANE Enamels, Catalyst and Reducer from moisture as water affects pot life and properties. Store indoors.
11. Do not package POLANE coated products in airtight plastic bags unless completely cured. Since POLANE Enamels continue to cure for several weeks, the buildup of organic solvents and reaction by-product could cause improper cure and adhesion failure in use.

(continued from column 3)

Follow directions for respirator use. Wear the respirator for the whole time of spraying and until all vapors and mists are gone.

If you have breathing problems during use, LEAVE THE AREA and get fresh air. If problems remain or happen later, IMMEDIATELY call a doctor — If not available get emergency medical treatment. Have this label with you.

Contents are FLAMMABLE. Keep away from heat, sparks, and open flame. During use and until all vapors are gone: Keep area ventilated — Do not smoke — Extinguish all flames, pilot lights, and heaters — Turn off stoves, electric tools and appliances, and any other sources of ignition.

CONTAINS KETONES

Avoid contact with eyes and skin. Wash hands after using. Keep container closed when not in use. Do not transfer contents to other containers for storage.

First Aid:

IF INHALED: If affected, remove from exposure. Restore breathing. Keep warm and quiet.

IF ON SKIN: Wash affected area thoroughly with soap and water. Remove contaminated clothing. Launder before re-use.

IF IN EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.

IF INGESTED: Do not induce vomiting, call physician immediately.

SPILL AND WASTE:

Remove all sources of ignition. Ventilate and remove with inert absorbent. Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State, and Local regulation regarding pollution.

DELAYED EFFECTS FROM LONG TERM OVEREXPOSURE:

Contains solvents which can cause permanent brain and nervous system damage. Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.

V66V44 contains Toluene Diisocyanate which may cause allergic skin and respiratory reactions and has caused cancer in laboratory animals.

DO NOT TAKE INTERNALLY

KEEP OUT OF THE REACH OF CHILDREN

Refer to Material Safety Data Sheet for further information.

Note:

The information, rating and opinions stated above pertain to the material currently offered and represent the results of tests believed to be reliable. However, due to variations in customer handling and methods of application which are not known or not under our control, The Sherwin-Williams Company cannot make any warranties or guarantees as to the end result.

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CHEMICAL COATINGS

PRODUCT
DATACC-
D20F63YC23
5'sPOLANE® HS PLUS
POLYURETHANE ENAMEL

Black F63 B 60
Orange F63 E 61
Green F63 G 62
Blue F63 L 63
Red Oxide F63 R 64

Magenta F63 R 65
Bright Red F63 R 66
Clear F63 V 67
Gloss White F63 W 66
Yellow Oxide F63 Y 68

Yellow F63 Y 69
Silver F63 S 65
Hi-Hide Organic Yellow F63 Y 65
Hi-Hide Opaque Yellow F63 Y 63
Hi-Hide Organic Red F63 R 62

PRODUCT DESCRIPTION

POLANE® HS Plus Polyurethane Enamel is a two component polyurethane coating providing high gloss, excellent exterior durability and resistance properties along with high volume solids and 2.8 VOC compliance. The single pigment colors are designed for intermixing to achieve great versatility in color matching capability.

Advantages:

- Under 2.8 VOC with POLANE HS Plus Catalyst V66V55.
- Excellent exterior color and gloss retention with V66V55 catalyst.
- Excellent exterior physical and chemical performance properties.
- Excellent appearance over many types of metal and plastic substrates.
- Ideal coating for machine tool industry with resistance to most lubricants and cutting oils.
- High solids - high spreading rate.
- Air dry or force dry curing.
- Non-photochemically reactive.
- Full range of colors may be custom blended.
- Excellent hardness and impact resistance.
- Excellent mar and abrasion resistance.
- Apply by conventional, airless, air assisted airless, HVLP or electrostatic spray.
- Compatible with VIC™ process for accelerated dry times. A 40-60% improvement in drying is typical using the VIC™ process compared to unaccelerated POLANE HS Plus.
- Much faster rates of cure possible using high intensity infrared ovens such as Binks Infratherm Oven (Sunkiss).
- For interior use, POLANE HS Plus may be catalyzed 2:1 with POLANE Plus Catalyst V66V44 and reduced 24% MAK to 3.5 VOC. Working pot life is 1 hour.

CHARACTERISTICS

Gloss: Full (90+)
Catalyzation: 3 parts POLANE HS Plus
1 part POLANE HS Plus
Catalyst V66V55,
0.48 part (12%) MAK
R6K30
Volume Solids:
As Packaged: 59-60%
Catalyzed and
Reduced: 59-60%
Viscosity:
As Packaged: 65-90 Krebs Units
Catalyzed and
Reduced 12%
w/R6K30: #3 Zahn 18-27"
Spreading Rate:
Catalyzed and
Reduced: 940-980 sq ft/gal. @ 1 mil
dry film, no application loss
Package Life: 2 years
Working Potlife: 3 hours catalyzed and
reduced w/o accelerator.
Higher temperatures
and/or accelerator will
shorten working potlife.
Drying: Catalyzed with V66V55 without
accelerator at 1.25-1.50 mil dry film
Air Dry: 77°F and 50% RH
To Touch: 1-1 1/2 hours
Tack Free: 8 hours
To Handle: 10-12 hours
To Recoat: 5-6 hours
Force Dry: 30-60 minutes @ 140-180°F
Binks Infratherm Oven (Sunkiss) schedule to
tack free
Flash Off: 1 minute
1.5 lb. Gas: 3 minutes
2.5 lb. Gas: 7 minutes

Accelerator for Faster Drying:

Faster drying may be obtained with exterior,
catalyst V66V55 by using POLANE
Accelerator V66VB11. Add up to 1 ounce of
V66VB11 per gallon of uncatalyzed POLANE
Enamel. Mix well. Then catalyze and
reduce.

Drying: Catalyzed with V66V55 plus 1.0
oz./gal. V66VB11 accelerator at 1.25-1.50 mil
dry film

Air Dry: 77°F and 50% RH
To Touch: 1/2-1 hour
Tack Free: 1-2 hours
To Handle: 2-3 hours
To Recoat: 1-1 1/2 hours
Force Dry: 30 minutes @ 140-180°F
Working Potlife is reduced with V66VB11
addition to 1 hour at room temperature.

SPECIFICATIONS

Surface Preparation:

Metal: Surface must be free of dirt, oils,
grease, fingerprints, rust, oxidation products
and other foreign matter. Chemical treatment
or conversion coating (i.e. iron or zinc
phosphate) gives best adhesion and
performance properties. See also Metal
Preparation Brochure CC-T1.

Iron and Steel:

Untreated Metal: Use Industrial Wash
Primer P60G2 or KEM AQUA® Wash Primer
followed by POLANE Plus Sealer E65A71 or
2.8 VOC Catalyzed Epoxy Primer.

Treated Metal: Prime with POLANE Plus
Sealer or 2.8 VOC Catalyzed Epoxy Primer.
For structural steel and heavy duty industrial
maintenance applications, sand blast and
prime with 2.8 VOC Catalyzed Epoxy Primer
at 4-5 mils dry film thickness.

**Aluminum and Galvanized Iron
(untreated):** Prime with Industrial Wash
Primer P60G2 or KEM AQUA Wash Primer
followed by POLANE Plus Sealer or 2.8 VOC
Catalyzed Epoxy Primer.

Cast Iron: Fill with POLANE 2.8 Plus Spray
Fil D61H75 and sand. Seal with POLANE
Plus Sealer.

Plastic: Coating must be evaluated on
customer substrate. Filler or barrier coat may
be required.

Wood: Interior only. Surface must be dry,
sanded and dust free. Seal with full coat of
POLANE 2.8 Plus Spray Fil D61H75.

Application:

Catalyzation: POLANE HS Plus must be
catalyzed 3:1 with V66V55.

Reduction: 12% maximum with MAK R6K30
to maintain 2.8 VOC compliance.

NOTE: See accelerator recommendations in
Column 2.

Recommended Film Thickness:

Wet: 2.0-2.5 mils Dry: 1.25-1.50 mils
Spray:

Conventional: Use 40-50 psi atomizing
pressure and 5-10 psi fluid pressure and .047
tip.

Air Assisted Airless: 600-900 psi fluid
pressure, 10-30 psi air assist pressure and
.009-.011 tip.

HVLP: 3-5 psi atomizing pressure, 5-10 psi
fluid pressure and .040 tip.

Airless: 2000-2800 psi fluid pressure and
.009-.011 tip.

ChromaSystem™ Technical Manual

Variprime® Self-Etching Primer 615S and 625S

Description

Variprime® is a fast drying, two-component, self-etching primer. It provides excellent corrosion resistance and direct-to-metal adhesion for spot, panel and overall repairs. It is also available in a lead and chromate free version.

General Information

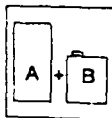


Components

615S - Variprime®
625S - Variprime® Lead and Chromate Free
616S - Converter
620S - Fast Converter
614S - Slow Converter

Tips for Success

Keep cans closed when not in use to prevent moisture absorption, which may lead to blistering, loss of adhesion or other product failure.



Mix Ratio/Viscosity

Combine the components either by volume or weight and then mix thoroughly.

	Volume	Weight (cumulative qt)
615S, 625S Primer	1	553 grams
616S, 620S, 614S Converter	1	941 grams (sprayable qt)

Viscosity

17 - 19 seconds in a Zahn #2 (DuPont M-222) cup.



Pot Life

72 hours.



Additives

Accelerator: Not recommended.
Fish Eye Eliminator: Not recommended.
Flex Additive: Not recommended.
Retarder: 3979S; use 5 - 10% and maintain a viscosity of 17 - 19 seconds.



Tinting

Not recommended.



DuPont Automotive Finishes

Variprime® Self-Etching Primer 615S and 625S



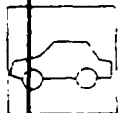
Primer/Sealer

DuPont URO® Primer-Filler
ChromaFil™
ChromaPrime™
Fill 'N Sand™
ChromaPremier™ Sealer
Prime 'N Seal™
Velvaseal®

Tips for Success

For optimum holdout and performance, 615S/625S must always be primed or sealed prior to topcoat application.

Application



Substrates

Properly prepared/cleaned steel, aluminum and galvanized



Surface Preparation

- Wipe surface with First Klean™ 3900S or Prep-Sol® 3919S.
- Sand and featheredge with 180 grit paper followed by 240 grit.
- Remove sanding residue with Lacquer and Enamel Cleaner 3939S or Final Klean™ 3901S.
- Aluminum must be treated with 225S/226S.



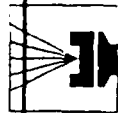
Gun Setups

Conventional

Siphon Feed: 1.5 mm - 1.8 mm (.059" - .070")
Gravity Feed: 1.4 mm - 1.6 mm (.055" - .063")

HVLP

Siphon Feed: 1.5 mm - 1.8 mm (.059" - .070")
Gravity Feed: 1.3 mm - 1.6 mm (.051" - .063")



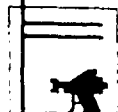
Air Pressure

Conventional

Siphon Feed: 30 - 45 psi @ the gun.
Gravity Feed: 25 - 35 psi @ the gun.

HVLP

Siphon Feed: 6 - 8 psi @ the gun cap.
Gravity Feed: 6 - 8 psi @ the gun cap.



Application

Apply 2 medium coats.



DuPont Automotive Finishes

Variprime® Self-Etching Primer 615S and 625S



Flash/Dry Times

Air Dry

Flash between Coats:

Nib Sanding:

Priming:

Max Allowable Dry Time:

Flash until dull (normally 5 minutes).

5 - 10 minutes after flash

(wet sanding not recommended).

30 - 45 minutes.

24 hours; then sanding is required

Force Dry

Not recommended.

Note: 615S/625S should be primed or sealed well within 16 hours for best performance.



Cleanup

Clean spray equipment as soon as possible with DuPont Thinner 3602S.

Physical Properties

VOC: 5.9 lbs/gal ready-to-spray.

Theoretical Coverage: 200.5 sq. feet per ready-to-spray gallon at 1 mil.

Weight Solids: 27.5% ready-to-spray.

Volume Solids: 12.5% ready-to-spray.

Recommended Dry Film Thickness: 0.8 - 1.0 mils in 2 coats.

Flash Point: See MSDS.

VOC Regulated Areas

These directions refer to the use of products which may be restricted or require special mixing instructions in your area. Follow recommendations in the DuPont Compliant Products Chart for your area.

Safety and Handling

Before using any DuPont Refinish product, be sure to read all safety directions and warnings. Wear a properly fitted vapor/particulate respirator approved for use with paints (NIOSH/MSHA TC-23C), eye protection, gloves and protective clothing during application and until all vapor and mist are exhausted. In confined spaces, or in situations where continuous spray operations are typical, or if respirator fit is not possible, wear a positive-pressure, supplied-air respirator (NIOSH/MSHA TC-19C). In all cases, follow respirator manufacturer's directions for respirator use. Do not permit anyone without protection in the painting area.



DuPont Automotive Finishes